Performance Plan

FY2010

Department of Health and Human Services

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Overview

Contribution to Montgomery County Results

The Department of Health and Human Services (DHHS)' Headline Measures are ordered according to their primary contribution to Montgomery County Results, and their appearance in the plan.

Other Contents

DHHS At-A-Glance

DHHS ensures delivery of a full array of services to address the somatic and behavioral health, economic and housing security, and other health and human services needs of County residents. DHHS directs, manages, administers, funds and delivers critical supports for the most vulnerable residents. Services provided also include case management and advocacy services, protective services for vulnerable children and adults, and prevention services.

The Department strives to provide services that:

- Build on the strengths of our customers and the community
- Are community-based
- Are accessible
- Are culturally competent
- Are responsive to changing needs of our community
- Are provided in collaboration with our community partners.

What DHHS Does and for Whom	How Much - FY 10 Budget & Work Years (WY)
Overall The mission of the Department of Health and Human Services (DHHS) is to promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.	**$268.6 million** **1,577 WYs**
Aging and Disability Services (ADS) The mission of ADS is to affirm the dignity and value of seniors, persons with disabilities, and their families by offering a wide range of information, home and community-based support services, protections, and opportunities which promote choice, independence, and inclusion.	**$38.6 million** **163.7 WYs**
Behavioral Health and Crisis Services (BHCS) The mission of BHCS is to foster the development of a comprehensive system of services to assist	**$40.2 million** **209.7 WYs**

What DHHS Does and for Whom	How Much – FY 10 Budget & Work Years (WY)
children, youth, adults, and families in crisis or behavioral health needs.	
Children, Youth and Family Services (CYFS) The mission of CYFS is to promote opportunities for children to grow up healthy, and ready for school, and for families to be self-sufficient.	**$70.1 million** **460.3 WYs**
Public Health Services (PHS) The mission of PHS is to protect and promote the health and safety of County residents.	**$72.5 million** **561.8 WYs**
Special Needs Housing (SNH) The mission of SNH is to provide oversight and leadership to the County's efforts to develop new and innovative housing models to serve special needs and homeless populations and maintain housing stability for vulnerable households.	**$18.0 million** **56.2 WYs**
Administration and Support (AS) The mission of AS is to provide overall leadership, administration and direction to the Department, while providing an efficient system of support services to assure effective management and delivery of services.	**$29.2million** **125.4 WYs**

1. Team-based Case Management

Basic Facts

- Cross-systems team-based case management of individual or family cases that receive multiple services:
  - Offers a more coordinated, systematic and holistic approach to meeting the customer's needs.
  - Creates efficiencies through communication and coordinated service delivery for customers.
  - Leads to improved outcomes for customers: risk mitigation, greater independence, improved health, better access to services and successful case closure.
- Data from DHHS' primary database indicate more than 145,800 individuals had encounters with DHHS in FY09, but did not necessarily receive services.
- Over 44,142 of these individuals received services from DHHS, an increase of 7,016 over FY08. More than 26,627 received more than one service (see table below), an increase of 1,171 over FY08.
- HHS has 1,722 full or part-time staff (39 fewer than in FY08) plus contracted partners that, at any time, may be involved in serving customers within and across Service Areas.

Client Record System Data of Active Cases Receiving Multiple Services

Number of Services	Number of Clients		
	FY 07	FY08	FY9
2	9,485	11,412	13,011
3	5,362	6,298	6,905
4	3,078	3,668	3,739
5	1,528	1,738	1,738
6	693	769	742
7	313	365	295
8	151	175	121
9	118	121	76
Total	**20,728**	**25,456**	**26,627**

Performance

Percentage of client cases with multiple services for which effective teamwork is documented.

Percentage of Cases with Acceptable Levels of Team Formation and Functioning					
	FY 08 (n=10)	FY 09 (n=44)	FY10 Estimate based on YTD (n=15)	FY11 Projection	FY12 Projection
Team Formation	50%	82%	86%	78%	78%
Team Functioning	30%	68%	79%	73%	74%

Discussion

- Projections for FY11 and FY12 are lower than the current and past years because the results of Quality Service Reviews (a qualitative evaluation tool) vary from review cycle to review cycle because. The sample is both small and non-random. Therefore, it cannot be assumed that results will be consistently progressive.

Story Behind Performance

Contributing Factors

- Team-based case management, a key element in the Department's Service Integration effort (involving staff coordination across programs in collaboration with client receiving multiple services to set goals, achieve those goals, and share decision-making authority and accountability) continues to evolve both informally and formally throughout the Department.
- Major progress was made in refining a confidentiality policy that allows sharing of client information among team members on a need to know basis.
- Progress continued toward an information technology solution that standardizes the intake and screening process. The computer-based model will facilitate more comprehensive screening for the range of customer needs, record standard demographic information on all customers, and enable workers to schedule appointments electronically with participating programs.
- The Department began to draft a case practice model for team-based case management that articulates how it will provide integrated services. This foundation work creates a standard approach and expectations for working within and across programs and services in the Department.

Restricting Factors

- The need to develop a clearly articulated and standardized case practice model with clear guidance and expected competencies was identified as a barrier to creating broad based, understood and standardized team based case management in cases involving multiple services.

- Data cited above to indicate the number of individuals receiving multiple services from DHHS is a partial count. DHHS has multiple separate data systems without connectivity to one another. The actual number of individuals served by the department is higher than noted here. The Department is engaged in a comprehensive process to assess the current information technology system and make improvements that lead to retrieving complete, unduplicated counts of customer volume.
- The lack of a regularly updated, searchable DHHS organization chart was identified as a key missing infrastructure element necessary for staff to operate effectively in an integrated service approach based on knowledge of and connections to the range of programs, services and staff in the Department.

Partnerships

- Strong partnerships exist across DHHS and with external service providers to ensure that customers benefit from the full range of DHHS services they need and for which they are eligible.
- DHHS is collaborating with a social service foundation and national experts in service integration to craft and review the formal team-based case management case practice model.

What We Propose to Improve Performance

- Complete development of a formal practice model for team-based case management as the necessary first step before training staff and fully implementing a more comprehensive service integration model. Development activities include building the case practice model and revising it based on staff feedback and focus group recommendations
- Develop and implement team based case management training.
- Develop and implement rollout plan to include staging and a defined organizational structure to support team-based case management.
- Fully implement computer supported intake, screening and referral process to support Service Integration.
- Use grant funds for a staff specialist to coordinate Service Integration efforts.
- Monitor implementation efforts and provide support to staff in the move to a formal team-based case practice approach.

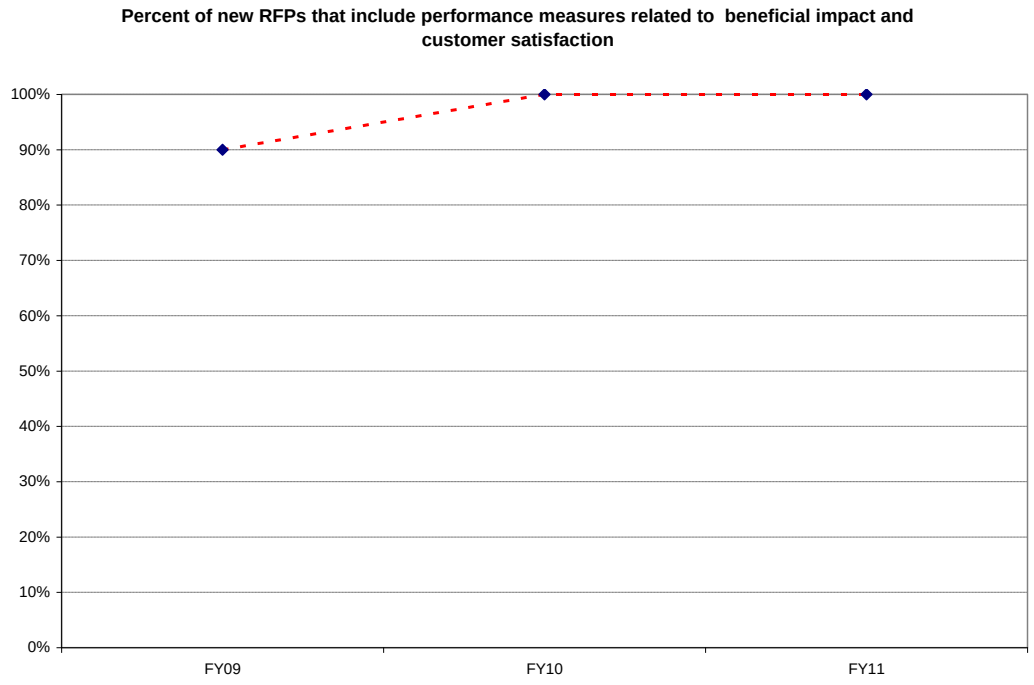
2. Contracted Services Performance Measurement

Basic Facts

- Performance measures increase accountability and provide a data-driven means for assessing the outcomes of a program or service.
- Performance measures are a mechanism for continuous quality improvement and therefore are more likely to result in better outcomes for clients.
- Performance measures provide data for future funding and contracting decisions.
- Measures focus on two aspects of beneficial Impact: risk mitigation and greater independence for customers; some measures also address improved health, a third aspect of beneficial impact.
- DHHS has over 520 contracts (competitive and non-competitive)
- Over $90M of services are procured through contracts (competitive and non-competitive)
- Beginning in FY09, performance measures were incorporated into new FY09 program-related Requests for Proposals (RFP) and resultant contracts.

Performance

Percentage of new Requests for Proposals (RFPs) that include performance measures related to beneficial impact and customer satisfaction.



Story Behind Performance

Contributing Factors

- Within the existing process, expectations are identified in Requests for Proposals (RFP) and performance measures specific to the Service/Program area are included in final contract.
- Requirements are identified in federal and State funding streams.
- Outputs and deliverable timelines are well identified.
- HHS Financial Operations Team held 8 training sessions during FY 09 for Contract Monitors in HHS. The training was developed to assure Department-wide standards for contract monitoring, which contributed to our success in meeting our goal of 90% for this Performance measure.
- Service Areas established Department wide definitions for contract performance measures related to both beneficial impact and customer satisfaction.

Restricting Factors

- Additional work is required to standardize processes and provide on-going training. Due to the general economic conditions and budgetary constraints, there are significant resource issues.
- The volume of contracts monitored (520) is substantial.
- Numerous staff throughout the Department perform contract monitoring functions that range from very little to 100 percent of their job responsibilities.

Partnerships

- DHHS collaborated with vendors on development of performance measures for program-related contracted services.
- DHHS continues to collaborate with Department of General Services to develop training and on other issues related to performance-based contracts.

What We Propose to Improve Performance

- Continue efforts to refine program-specific performance measures for beneficial impact in partnership with DHHS vendors.
- Continue training Service Area staff on the development of and monitoring for performance measurement.
- Continue to review RFPs and contracts for inclusion of performance measures.

3. Juvenile Justice Assessments, Screenings and Referrals

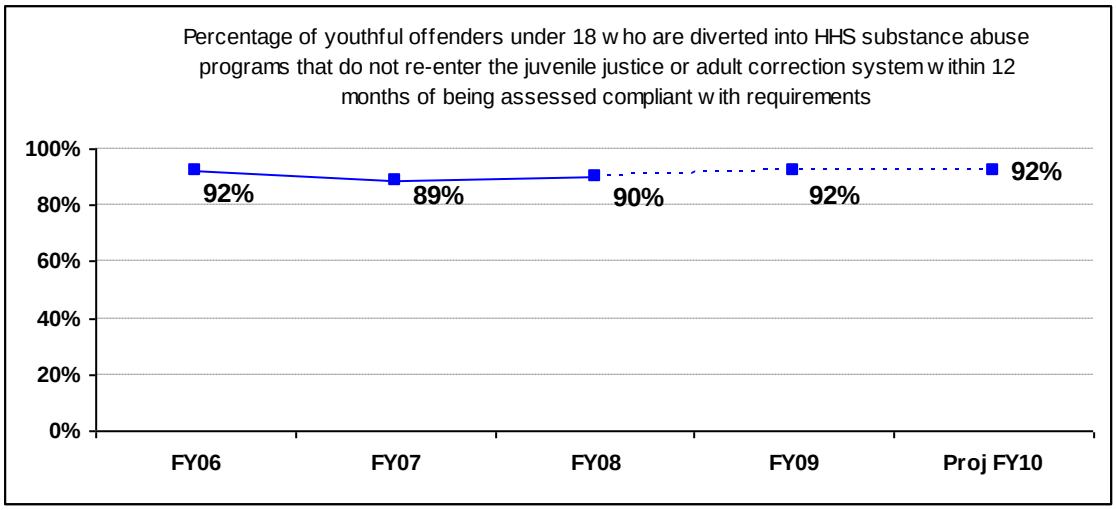
Basic Facts (FY08)*

- National studies indicate that 50-70 percent of youth entering juvenile justice systems have substance abuse and/or mental health problems. Providing substance abuse and mental health screening, education and referral to treatment for certain first-time youth offenders and other repeat youth offenders whose offenses are minor will reduce the number of repeat youth offenders and minimize the number of youth referred to the Maryland Department of Juvenile Services (DJS) or the Maryland Department of Corrections.
- 603 County youth under 18 received an alcohol citation, and 3,589 juvenile arrests were made by the Montgomery County Police Department (MCPD).
- 3,501 of the youthful offenders were referred directly to the DJS, while 922 youth who either received an alcohol citation or committed certain nonviolent misdemeanors (usually for the first time) were "diverted" from DJS to the Montgomery County Department of Health and Human Services (DHHS) where they received substance abuse and mental health screening and referrals, if needed, to a drug and alcohol education program or mental health or substance abuse treatment.
- 97 percent of youth diverted to DHHS by the Montgomery County Police Department (MCPD) were assessed "compliant" with the terms of their diversion agreement. Those who were non-compliant were referred to the DJS intake office.
- The DHHS Juvenile Justice Services unit partners with the DHHS Access to Behavioral Health unit to provide mental health treatment referrals for Medicaid-eligible youth who are diverted.
- 26 percent of diverted youth entered intensive substance abuse or mental health treatment; an additional 20 percent received intensive substance abuse education, including urinalysis, and 46 percent received less intensive substance abuse education. The remaining eight percent were not referred to community services based on their assessment. These youth may have had to complete teen court or other requirements through MCPD.
- 8.2 work years and $980K were expended for operation of the Screening and Assessment Services for Children and Adolescents (SASCA), the alcohol and substance abuse screening program. This program assessed and referred a total of 1,692 juveniles in FY09.

* This measure is by definition a 12-month follow-up of clients, so actual FY09 data do not become available until FY11.

Performance

Percentage of offenders under age 18 that are diverted to substance abuse education and treatment or mental health treatment programs that do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements.



Discussion

- Results reflect youth screened for mental health and substance abuse disorders and diverted from the Juvenile Justice System into community education and treatment services that did not become re-involved in the juvenile justice or criminal justice systems within a 12-month follow-up period.
- In FY06 the recidivism rate in the criminal and juvenile justice systems combined for youth who were compliant with diversion requirements was 8%; in FY07 the recidivism rate was 11%; and in FY08 10% of the 897 youthful mostly first-time offenders who were compliant with the SASCA program requirements became re-involved within 12 months.

Story Behind Performance

Contributing Factors

- An array of community-based substance abuse and mental health education and treatment services are available to youthful offenders.
- Good cooperation exists among DHHS, MCPD, DJS agencies, and community substance abuse education and substance abuse and mental health treatment providers.
- Pre-established MCPD diversion eligibility criteria are based upon the severity of the offense, whether or not the youth is a first time offender, and whether the youth admits to the offense.
- DHHS has a 10-year track record in providing “diversion” services and an experienced substance abuse and mental health screening and assessment staff.

Restricting Factors

- Underlying individual and family factors that result in criminal behavior are not always easily impacted; as a result, DHHS interventions are not always effective in preventing recidivism.
- Some criminal cases against youth that are cited again or re-arrested may eventually be dropped by DJS.

- The SASCA program has only one case manager. Additional case management services could decrease the reoccurrence of offender behavior.

Partnerships

- The Montgomery County Police Department, the Maryland Department of Juvenile Services, Montgomery County Department of Recreation, Montgomery County Public Schools, Montgomery County Regional Services Center, State's Attorney's Office for Montgomery County, the Montgomery County Gang Prevention Initiative, private sector partners and the community are important partners in DHHS' efforts in this area.

What We Propose to Improve Performance

- Continue partnership with the Montgomery County Collaboration Council and the State to assure future funding for the case manager position. This position works with families to increase the number of SASCA diversions that become engaged in the diversion process, and increase the retention rate in treatment among diversion program participants.
- Analyze Juvenile Justice Information System (JJIS) data for diversity trends and outcomes in diversion will be completed in early FY10.
- Explore with the MCPD, DJS, and the State's Attorney's Office the potential for expanding the eligibility for diversion to include more juvenile offenders.
- Continue work with the MCPD, the Montgomery County Collaboration Council, the State's Attorney's Office for Montgomery County, and Maryland DJS to explore expanding eligibility to diversion in order to serve more youth and families, and divert more youth from DJS.

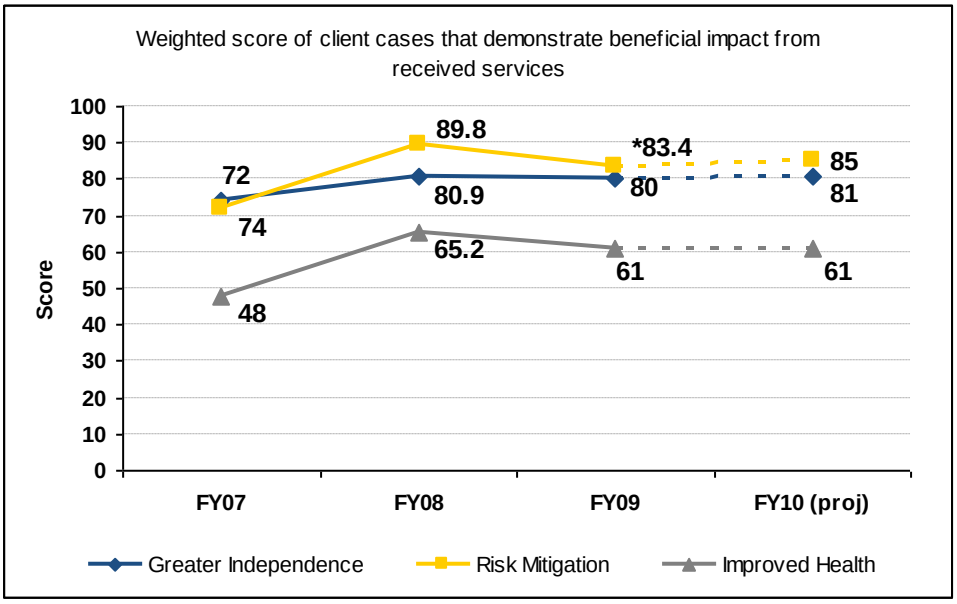
4. Direct DHHS Services

Basic Facts

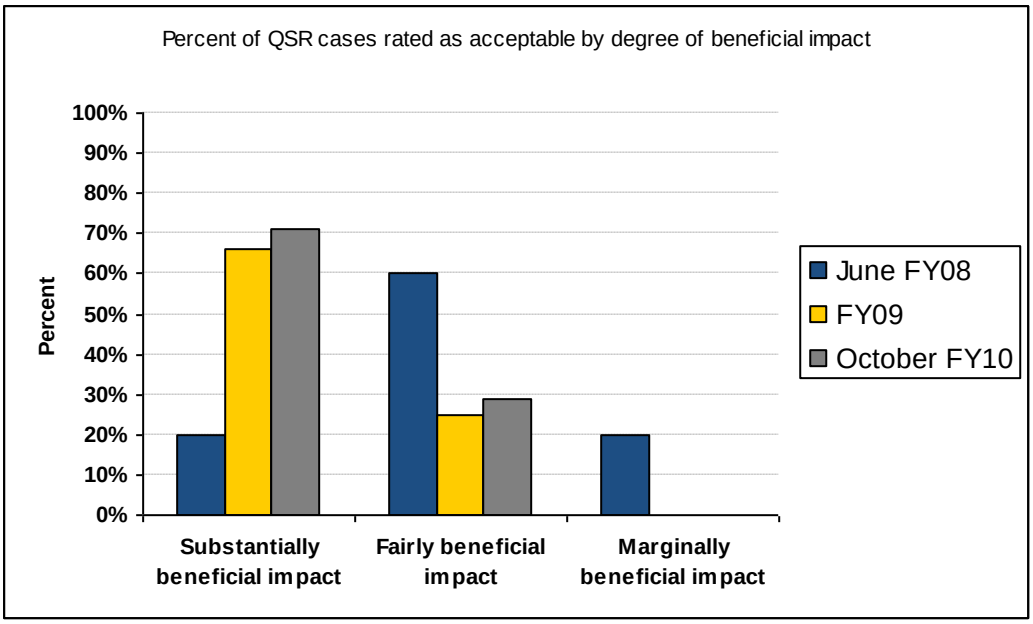
- Determining the impact of receiving DHHS services is central to facilitating a successful outcome for the customer.
- Determining the impact on customers of receiving DHHS services is a management tool for ongoing quality service improvement.
- Data from DHHS' primary database indicate more than 145,800 individuals had encounters with DHHS in FY09.
- Of these, over 44,142 individuals received services from DHHS, an increase of 7,016 over FY08. More than 26,627 received more than one service, an increase of 1,171 over FY08.

Performance

Percentages of DHHS client cases that demonstrate beneficial impact from received services. (B*eneficial impact is defined as risk mitigation (RM), greater independence (GI*) or *improved health and wellness (IH).*



*Note: The selection of programs for calculating this composite measure was slightly revised from FY08. Results for FY09 are for the new program selection. Using the FY08 selection, the Risk Mitigation score would be 78.1.



Note: Cases considered "acceptable" are those that received a rating of 4-6 (on a 6 point scale), based on the consensus judgment of two reviewers after evaluating client status and system performance across 16 defined indicators.

Percent of QSR Cases Showing Beneficial Impact, by Service Area

Service Area	FY08	FY09	FY10
Aging and Disabilities Services	50% (1/2)	81% (13/16)	100% (2/2)
Behavioral Health and Crisis Services	100% (2/2)	100% (14/14)	100% (2/2)
Children, Youth and Family Services	75% (3/4)	75% (3/4)	100% (5/5)
Public Health Services	100% (1/1)	100% (4/4)	100% (2/2)
Special Needs Housing	100% (1/1)	83% (5/6)	100% (3/3)
Total	80% (8/10)	89% (39/44)	100% (14/14)

Discussion

- Quantification provides the impetus for increasing beneficial impact over time and for analyzing factors that affect the weighted scores.

- Development, testing and implementation of the QSR protocol for qualitative assessment has led to active planning for the improvement of system performance around team-based case practice.

Story Behind Performance

Contributing Factors

- Development and implementation of an integrated DHHS case practice model is ongoing.
- Progress continued toward an information technology solution that standardizes the intake and screening process. The computer-based model will facilitate more comprehensive screening for the range of customer needs,
- Expectations for case management, including intake and referral, assessment, case planning, service delivery and evaluation are standardized.
- Best practice models are used in many programs.
- Team-based case management, a key element in the Department's Service Integration effort (involving staff coordination across programs in collaboration with the client receiving multiple services to set goals, achieve those goals, and share decision-making authority and accountability) continues to evolve both informally and formally throughout the Department.
- Four QSR review cycles were conducted over the year and more reviewers were trained. A process was established to review and use results for continuous improvement.

Restricting Factors

- Knowledge about service integration and the team-based case management model is inconsistent throughout the Department.
- There is a need to further enhance data collection and analysis to support continuous improvement in service delivery.
- The needs of a population adversely affected by economic downturn are increasing in intensity while public resources are more limited.
- Evidence-based Practices empirically validated as effective in addressing some social problems are limited in number.

Partnerships

- Strong partnerships exist with DHHS vendors and other public agencies to achieve beneficial impacts for our customers.
- Strong partnerships exist across DHHS to ensure that customers benefit from the full range of DHHS services they need and for which they are eligible.

What We Propose to Improve Performance

- Refine indicators that are annually "rolled up" into composite measures of beneficial impact.
- Continuously seek efficiencies to deal with pressure on the system to serve more people with ever-decreasing resources.
- Monitor implementation efforts and provide support to staff in the move to a formal team-based case practice approach.

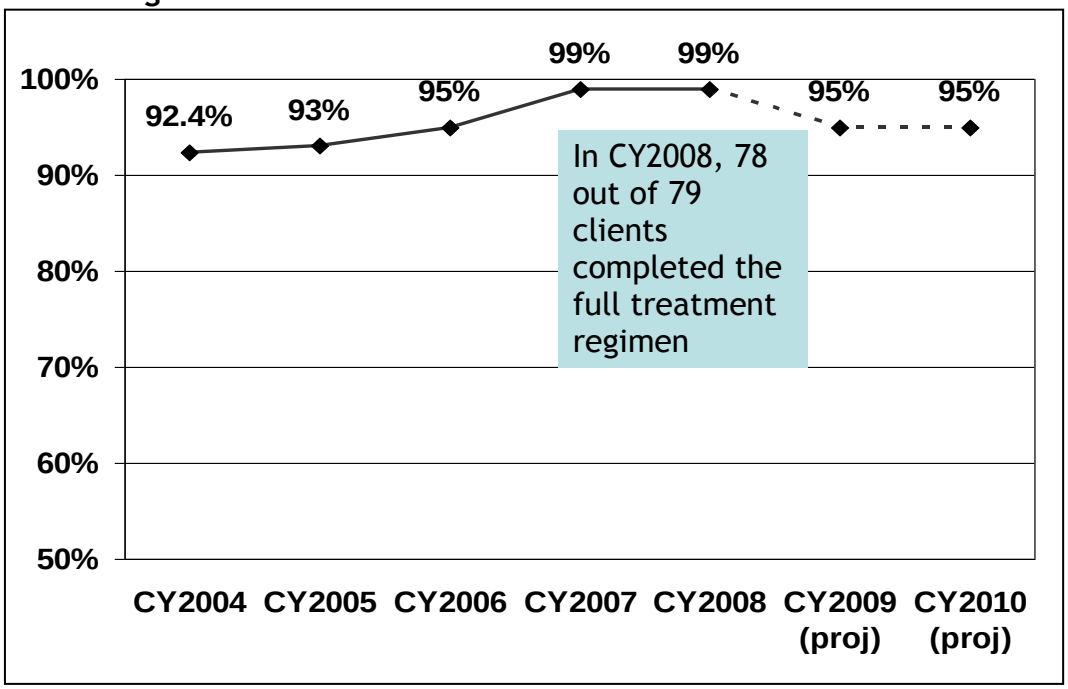
5. Communicable Diseases Control

Basic Facts

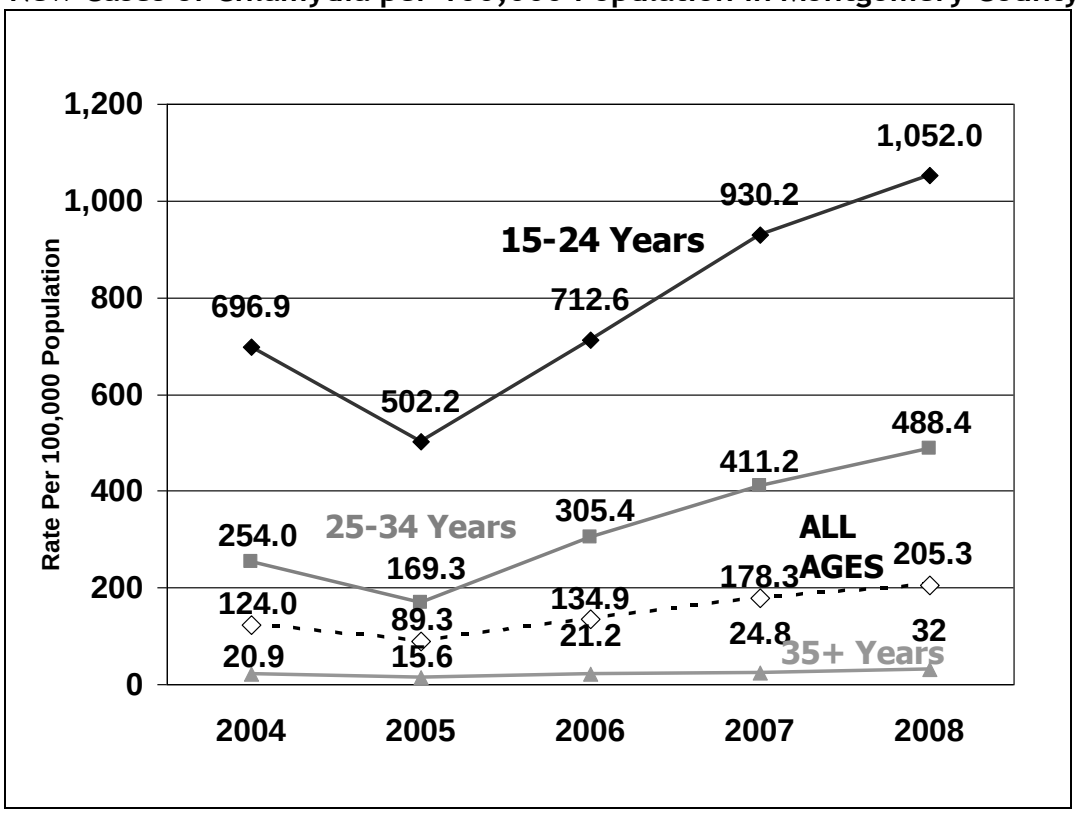
- The public is protected from communicable diseases by limiting their further spread.
- DHHS programs provide timely and appropriate response to reports of communicable diseases.
- DHHS programs provide access to prevention, diagnosis/early intervention and treatment of communicable diseases for at-risk (exposed) individuals.
- DHHS educates the public on best practices to further limit the spread of disease and protect the health of individuals.
- Annually, within Public Health Services (PHS), there are over 300 foodborne complaints/investigations (including Campylobacter, E.coli, Hepatitis A, Salmonella or Shigella); 2,600 communicable disease cases (including vaccine-preventable diseases, rabies exposure, Lyme disease, and bacterial meningitis); 75 active tuberculosis (TB) investigations involving approximately 1,000 individuals; and 535 sexually-transmitted diseases (STD) investigations, including Chlamydia, Gonorrhea, HIV and Syphilis.
- Approximately 200 suspected cases of TB are evaluated annually, with an average of 75-80 cases requiring and undergoing treatment.
- The DHHS TB program annually manages approximately one out of every 147 of the national TB cases (approximately 25-30 percent of Maryland cases). There were 88 cases diagnosed and treated in calendar year 2008.
- In FY09, the DHHS Immunization Program administered 20,510 vaccines to 12,596 children and 1,613 vaccines to 1,372 adults
- Timeframes and workload for outbreaks vary based on severity and mode of transmission of the contagion. A single outbreak may be resolved in a few days or three months. Smaller outbreaks are managed by one investigator but larger outbreaks require 8-10 investigators to control.
- Foodborne diseases and Illnesses are being addressed in an integrative approach with Licensure and Regulatory Services.

Performance:

Percent of clients with active infectious tuberculosis that received and were scheduled to complete Directly Observed Therapy and that successfully completed the treatment regimen



New Cases of Chlamydia per 100,000 Population in Montgomery County



Story Behind Performance

Contributing Factors

- PHS engages in multiple activities designed to: prevent disease from occurring through immunization, outreach and education programs; identify/diagnose disease through education, screening, and diagnostic evaluations; treat diagnosed diseases using the most effective prescribed protocols; and limit the further spread of disease with education, outreach and partner/contact notification for persons exposed to contagion.
- Quick response time to outbreaks and emerging diseases is the norm.
- Education, trust and regulatory authority are used to ensure persons with illness are consistently practicing healthy behavior, with emphasis on completion of treatment and adherence to treatment regimens.
- Immunizations are offered to county residents of all ages in a variety of settings and after hours.
- The County operates a strong emergency preparedness program, including exercises and training, recruitment of community volunteers (e.g. Medical Reserve Corps) and development of plans for public health emergencies
- Intensive medical and nurse case management of diagnosed diseases is provided.
- Aggressive strategies are in place for contact tracing and partner notification.
- Public health investigations follow federal and State guidelines for controlling communicable diseases, using sound epidemiological principles.
- To rule out TB, the TB control program provides screening to contacts of infectious cases of TB, newly arrived refugees, immigrant students prior to admission, County residents per job classification, inmates at the Detention Center, clients entering substance abuse centers, and symptomatic residents who walk into the clinic. The clinic also provides treatment for latent TB infection to high risk individuals with the appropriate intervention/follow up.
- The TB Program successfully manages a number of drug resistance cases as well some cases of multi-drug resistant tuberculosis (MDR-TB) where treatment can extend to two years.

Restricting Factors

- Public perception of risk is often inconsistent with actual risk, with the potential of untreated communicable disease presenting high risks to the general public.
- Funding issues have led to staff shortages in Communicable Disease and Licensure and Regulatory areas, which investigate foodborne disease outbreaks.
- Public health is challenged to find a balance to motivate people to have safe and prudent behavior versus overreaction, restriction and seeking unnecessary treatment.
- County residents without legal status fear seeking medical care and consequently present with advanced disease.
- While STD clinics see 150 customers weekly to be tested for an STD, the lack of capacity causes an additional 300 callers to be turned away monthly – 65

percent of callers get an appointment, with 35 percent of callers asked to call back at a later date.
- TB program waiting times for clients to commence treatment for latent TB infection could be up to four weeks.
- Compliance with TB directly observed therapy (DOT) relies heavily upon the client's ability to remain in DHHS service area for the duration of treatment.
- DHHS will not be able to respond in a timely manner to all presenting cases, or be able to provide the full spectrum of services and delivery of care currently available to meet the needs of the community due to 20 percent annual shortfall in grant revenue. Consequently, customers could be identified in advanced stages of disease, and may result in increased cost, illness and death.
- There is an increase in co-morbidity among communicable diseases (e.g. co-infection with HIV and syphilis).

Partnerships
- Strong partnerships are necessary and exist with public and private community partners, including those at local, state and federal levels, to ensure effective disease detection/surveillance, treatment and containment.
- A strong partnership is maintained with the Office of Emergency Management and Homeland Security.
- DHHS also sustains strong relationships with key partners including State Department of Health and Mental Hygience laboratory (for diagnostic lab testing), and consultations with the local detention centers, private medical community, major clinical trial groups in the metropolitan area, the Federal Quarantine Facility located at Dulles, and academic institutions.

What We Propose to Improve Performance
- Improve internal process for completing reports on closed cases to DHMH.
- Provide education/outreach on preventing and limiting the spread of communicable diseases by providing consistent cultural and language appropriate messages on all aspects of health topics to improve public awareness and trust in DHHS services.
- Continue to invest in relationships with key partners, including efforts to implement a community health assessment involving local public health system partners and use information from this assessment to develop a Community Health Improvement Process.
- Continue to assess changing needs of the community and develop innovative ways to address those needs, such as increasing access via evening clinic hours.
- Advocate for additional revenue to compensate for shortfall from grant awards. With less operating revenue for grants, most or all grant funds go toward personnel costs.
- Advocate for additional clinic staff and space for appropriate screening, treatment, education and counseling/case management, specifically for an STD clinic up-county.
- Improve internal process for managing patient flow.

- Advocate for resources to train staff on best screening, counseling and treatment practices.

6. Social Connectedness and Emotional Wellness

Basic Facts

- DHHS provides a comprehensive system of mental health and substance abuse treatment services to children, youth, adults, seniors and families. Services incorporate evidence-based practices and targeted preventive intervention along a continuum of care.
- Crisis and victim services are available around the clock to clients victimized in schools, homes and in the community.
- Access to behavioral health specialty services provides screening and referrals along with treatment on an outpatient basis.
- Services to clients with public health insurance and priority populations are monitored, including outpatient mental health clinics, senior outreach, homeless outreach, psychiatric rehabilitation and residential rehabilitation programs.
- In FY09, the Crisis Center served a total of 56,663 contacts including 52,926 phone contacts and 3,707 walk-in contacts. A total of 361 students was referred by their schools to be assessed for level of risk to themselves or their community; 92 percent of these students did not require emergency department services, were stabilized in the community and could return to school.
- A total of 1,359 individuals in Montgomery County reported an incident of partner abuse to legal authorities in Calendar Year 2008. Additionally, there were 144 outreaches to sexual assault victims, assisting 294 victims and their loved ones in FY09. All rape victims were offered advocacy and counseling by trained and supervised volunteers who respond directly to police stations or the hospital.
- The Clinical Assessment and Triage Services (CATS), one components of the DHHS Criminal Justice programs, in collaboration with Department of Correction and Rehabilitation (DOCR) staff, oriented and screened 8,760 (FY09) offenders entering the Montgomery County Detention Center (MCDC) to determine suicide risk.
- A 100 percent success rate was achieved in preventing suicide both at the MCDC and Montgomery County correctional facilities since January 2000, thanks to diligent collaboration between DHHS and DOCR staff.
- The Child and Adolescent Mental Health Home-Based Team served a total of 161 children in FY09. Of those served, 97.5 percent were able to be maintained in the current placement. Only 2.5 percent (n=4) of the children had to be referred to out-of-home care.
- From FY08 to FY09, the number of Montgomery County consumers accessing the Public Mental Health System grew by 7.7 percent from 7,839 to 8,448. This upward trend is expected to continue given the uncertain economic times and an increasing number of returning veterans needing services.

Performance

Percentage of individuals served by the continuum of behavioral health services that demonstrate a higher degree of Social Connectedness and Emotional Wellness as demonstrated by positive outcomes in the domains of housing, quality of life, legal encounter, and employment/education as measured by:

- **Housing**
  - *Gained/Retained Housing*, a measure of current housing situation, as shown by percentage of people who live independently
  - *Housing Stability*, a single measure of percentage of people who moved less than 3 times in the past six months.
- **Quality of Life**
  - *Curbing Alcohol Use*, defined as percentage of people who do not drink alcohol daily or more frequently in last 30 days. (For children & adolescent, this measure is modified to be Alcohol Free).
  - **Drug Free**, defined as percentage of people who did not use illegal drugs in last 30 days.
- **Legal Encounter**
  - *Legal System Encounter*, defined as percentage of people who have no or decreased encounter with legal system.
  - *Arrest Free*, defined as percentage of people who have not been arrested last 12 months
- **Employment/Education**
  - *Gained/Retained Employment*, defined as percentage of people who worked 1- 40+ hours on a weekly basis. (Adult consumers only)
  - *Staying in School*, defined as percentage of children aged 6-17 who stay in school. (Children & Adolescents only)

Methodology for Composite Score and Component Measures

In FY09, initial computation of composite scores focus on Outpatient Mental Health Clinics' (OMHC) outcome measurement data developed by Maryland's Department of Health and Mental Hygiene (DHMH) to collect information on individuals ages 6-64 receiving outpatient mental health treatment from OMHC, Federally Qualified Health Centers and hospital-based mental health centers. In FY09, 2,712 (54% of all adult outpatients) adults ages 18-64 years accessed outpatient services at OMHCs and completed an OMS questionnaire. Additionally, outcomes data was collected on 1,984 child and adolescent consumers ages 6-17 years (65% of all child and adolescent consumers).

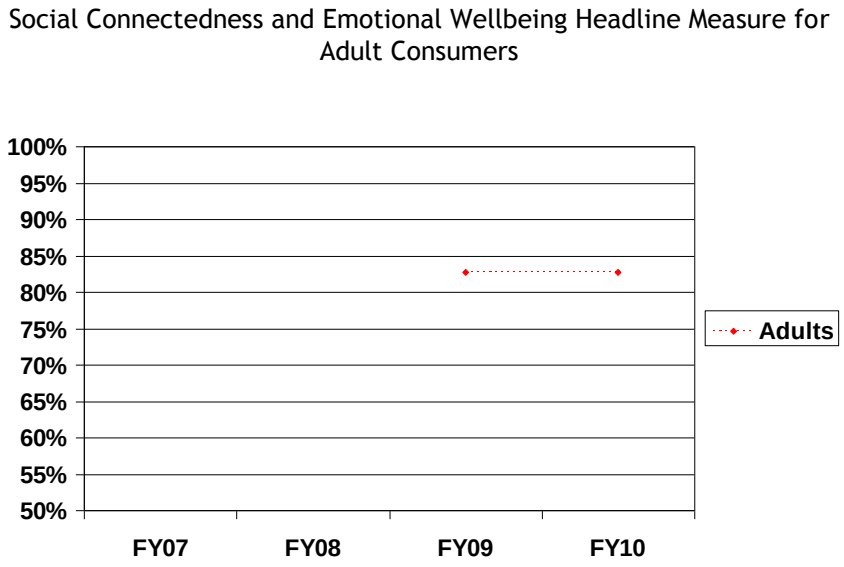
Eight individual measures were chosen from DHMH's Outcome Measurement System (OMS) Data Mart to demonstrate consumer self-reported improvement in several domains comprised of housing, employment/education, legal encounter, and quality of life outcomes to represent a full spectrum of consumers' treatment and recovery experience.

The scores for each of the four domains of social connectedness are evaluated to ensure consistency and comparability in scale and directionality. The individual scores are summarized together in the form of a weighted mean of percentages to obtain an overall composite score. The weight used in calculating the weighted mean is the sample size for each of the eight questions in the OMS survey.

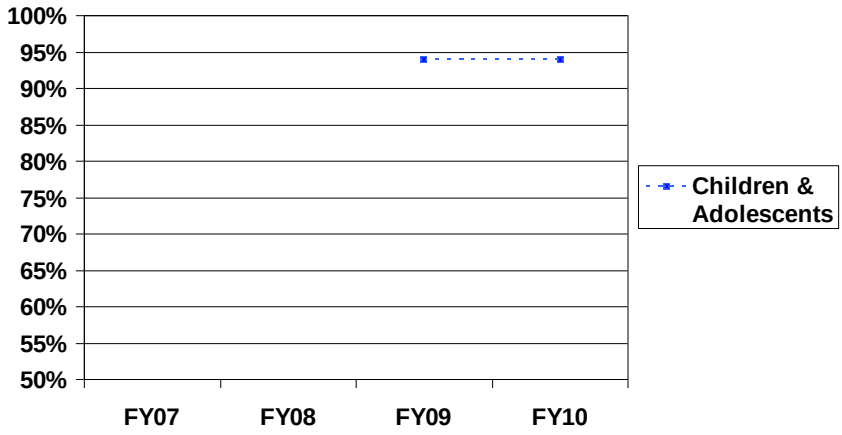
Two separate composite scores were computed for adults and children. The measure of Staying in School is only applied to children and adolescents' scores to ensure relevancy. Similarly, Gained/Retained employment is only used in calculating composite scores for adults.

Due to time constraints for providers to gather data, outcome data from OMHCs is the primary data source supporting this Headline Measure in this first year of implementation. In the future, DHHS will implement a short version of the OMS survey with eight questions to incorporate more BHCS programs specialized in addiction treatment, crisis response and intervention, adult mental health, senior mental health and jail-based services.

Performance



Social Connectedness and Emotional Wellbeing Headline Measure for Child and Adolescent Consumers



Discussion

- Among adult consumers seen at OMHCs, 82.8% reported positive or improved outcomes in Social Connectedness and Emotional Wellbeing in FY09, as aggregated from individual measures in domains of housing, employment, legal encounter and quality of life.
- 94% of child and adolescent consumers reported positive improvement in Social Connectedness and Emotional Wellbeing in domains of housing, education, legal encounter and quality of life.
- The difference in the two age groups is attributable to the drastically low employment rate (37.6%) among adult consumers. A full 92.3% of child and adolescent outpatients still manage to stay in school despite all the challenges they face.

Story Behind Performance

Contributing Factors

- A continuum of comprehensive community-based substance abuse and mental health treatment services is available to individuals across the life span.
- Strong collaborative partnerships exist between DHHS, Montgomery County Public Schools (MCPS), Department of Corrections and Rehabilitation (DOCR) and community providers to support a comprehensive system of care.
- DHHS provides well established County-operated crisis services.
- DHHS has a strong commitment to delivering services that are recognized either as evidence-based or promising practices.
- All clinicians on the Child and Adolescent Mental Health Home-Based Team received a year-long training in Trauma Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based treatment protocol for the treatment of trauma in children and adolescents.

Restricting Factors

- An adequate data system to provide timely and accurate information to effect sound, data-driven decision making is lacking.
- There can be extensive time delays from the time a service need is identified to actually having a contract in place to provide needed services to our community.
- Society sometimes criminalizes those with mental illness.
- There is a not a fully developed and resourced continuum of behavioral health care.

Partnerships

DHHS maintains strong active partnerships with:

- DHMH – Mental Hygiene Administration, Alcohol and Drug Abuse Administration, Medicaid Administration
- Maryland Department of Human Resources
- Maryland Department of Juvenile Services
- Maryland Department of Public Safety and Correctional Services
- The Maryland-National Capital Park and Planning Commission
- Local Collaboration Council
- MCPS, Montgomery County Police Department, DOCR
- General Hospitals and Clinics
- Community Partners/Contractors

What We Propose to Improve Performance

- Increase number of providers in the community that are trained in Evidence-based Practices (EBP).
- Begin longitudinally analyzing data to gain a better understanding of behavioral health services' impacts on employment, success in school, supportive relationships and housing stability.
- Increase opportunities for individuals with behavioral health disorders to live successfully in, and remain in, the community.
- Continue to seek opportunities to integrate somatic health care clinics into our behavioral health settings.
- Continue to partner with the Department of Technology Services for Geographic Information Systems Services as part of ongoing efforts at improved data collection and informed forecasting of service needs.

7. Early Childhood Services and Programs

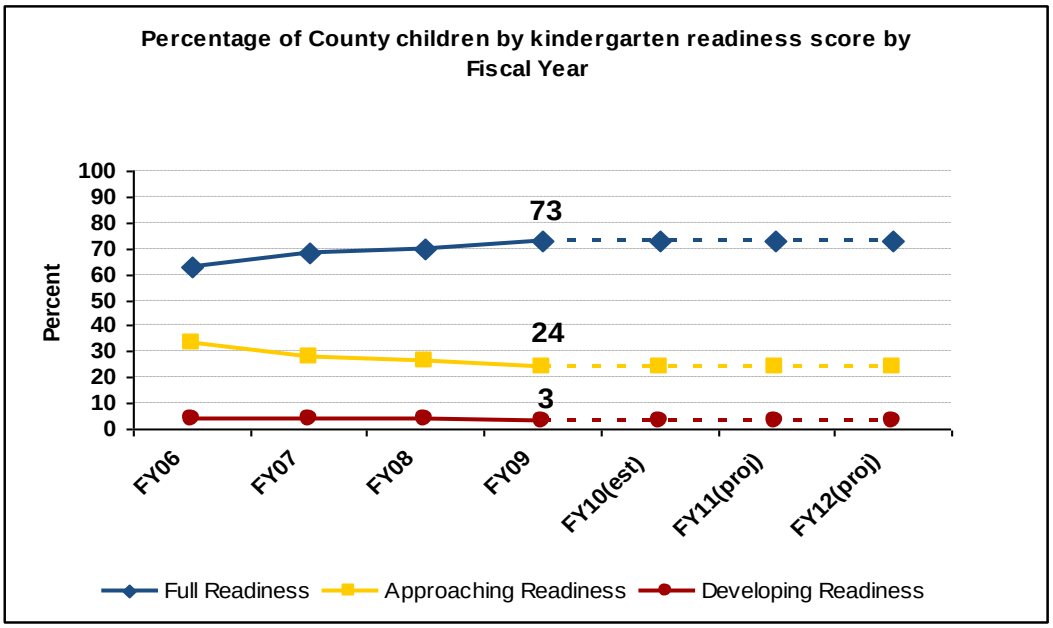
Basic Facts

- DHHS Public Health Services (PHS) provides health, vision, hearing and dental screening and treatment services and immunizations to Head Start and other pre-school children, in addition to providing prenatal care to 1,700 low-income uninsured women annually, and case management of at-risk pregnant women and children.
- PHS enrolls low-income children in State and Federal health benefit programs and provides links to local medical providers.
- Over 65,000 children ages 0-4 resided in the County (U.S. Census); 12,374 County 5-year-olds were enrolled in public and private kindergarten programs.
- Child care resource and referral information was provided to over 35,000 parents.
- The Montgomery County Infants and Toddlers Program served 3,825 families.
- 714 children were enrolled in Montgomery County Head Start: there were 684 served through the Montgomery County Public Schools (MCPS) Head Start and another 30 were served in community-based Head Start settings.
- 2,164 four-year-old children were served in the MCPS Pre-Kindergarten program.
- 4,907 health screens for newborns were conducted in hospitals by the Baby Steps program contract staff.
- 2,698 program referrals were made to early childhood and family support services by CHILDLINK staff.
- 1,309 child care providers received workshop training through the Montgomery County Child Care Resource and Referral Center and 99 child care providers received scholarships to pursue early childhood coursework at Montgomery College.
- 14,154 pieces of early childhood public engagement materials were distributed through integrated outreach efforts.
- Onsite Early Childhood Mental Health Consultation Services were provided to 52 child care programs serving over 3,000 children.
- Early Childhood Services documented that 187,043 services were delivered to young children, their families and caregivers in FY09.
- Early Childhood Services budget: $5.7 million includes $3.6 million in contracts and 23 work years.

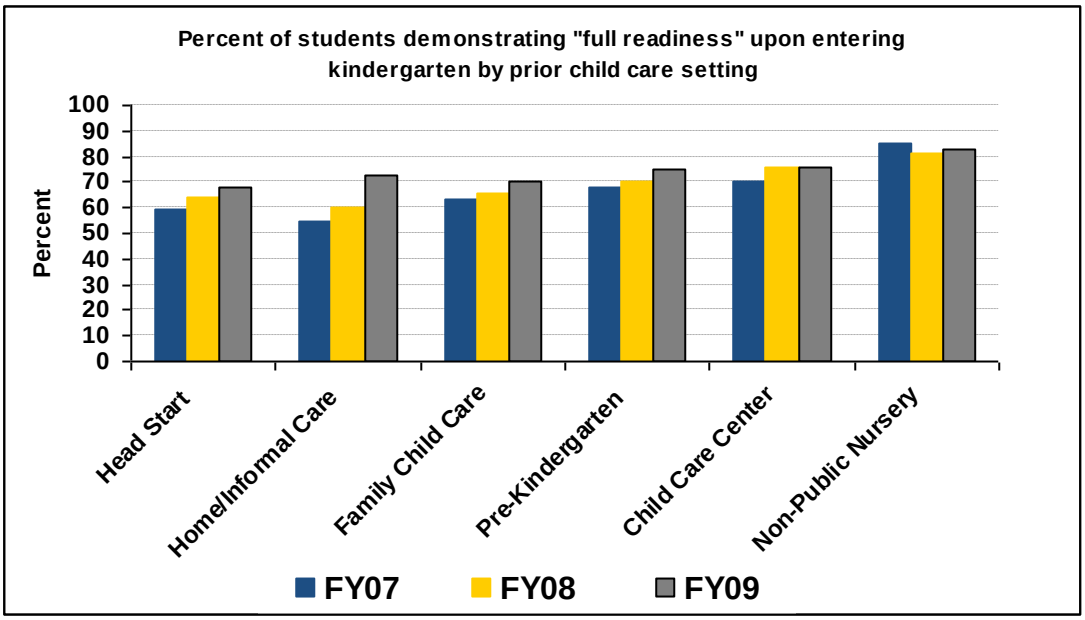
Performance

Percentage of Head Start, licensed child care centers and family-based child care students who demonstrate "full readiness" upon entering kindergarten.

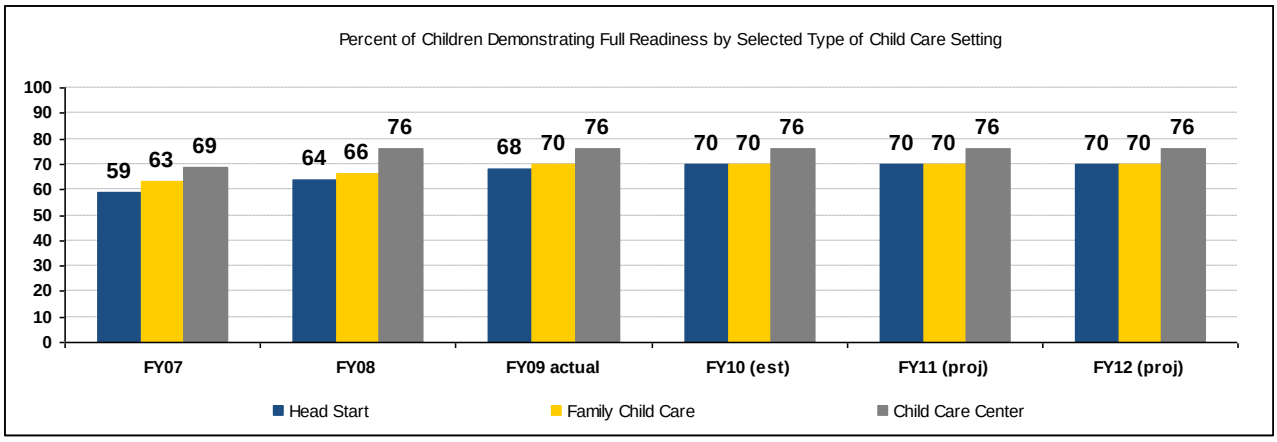
Montgomery County Kindergarten Student Readiness
Source: Maryland Department of Education (MSDE)



Note: This chart shows the Full Readiness results and projections for the three settings which constitute this Headline Measure.



Note: This chart shows the Full Readiness results for all six settings.



Note: This chart shows the Full Readiness results and projections for the three settings which constitute this Headline Measure.

Discussion

- Measurement takes place after entry into kindergarten. Hence, prior care is assessed in the context of a child's readiness to learn upon entry to kindergarten.
- The percentage of County children achieving full kindergarten readiness has increased steadily in recent years. The Maryland Department of Education (MSDE) defines "full readiness" as "students consistently demonstrate skills, behaviors and abilities needed to meet kindergarten expectations successfully."
- The percentage of County kindergarteners assessed as fully ready has exceeded the State's average for the last four years, including the FY09 average of 73 percent.
- The percentage of children achieving full kindergarten readiness varies by type of prior child care setting; those in nonpublic nursery school and pre-kindergarten demonstrate the highest readiness scores. Kindergarten readiness has improved in all settings since January 2002.

Story Behind Performance

Contributing Factors

- DHHS collaborates with partners at the State (the Governor's Office, MSDE and Maryland Department of Health and Mental Hygiene) and County levels (Montgomery County Public Schools (MCPS), the Department of Libraries, the Department of Recreation and private non-profit partners) to provide a continuum of comprehensive services to support successful transition of children to kindergarten and continue to show annual improvement in coordination and service delivery. Increased focus on collaboration among partners led to improvements in academic performance over the past six years (FY04-FY09).
- Effective MCPS Head Start curriculum, teacher and instructional assistant training, and program guidance and training of the family service workers and social workers that work with each Head Start family all contribute to better kindergarten readiness for children enrolled in the Head Start program.

Restricting Factors

- Children enrolled in Head Start who come from families with incomes below the federal poverty level, face several disadvantages compared to their counterparts in privately-operated child care programs:
  - 55 percent come from single parent families
  - 57.6 percent come from homes where the primary language is not English
  - In 31 percent of Head Start families, the parents' highest level of education is less than high school; another 32 percent have only high school or General Equivalency Diplomas.
- A significant percentage of all immigrants coming into the State of Maryland settle in Montgomery County, creating challenges to providing culturally appropriate early childhood services.
- Lack of funding for public engagement educational outreach limits access to appropriate services and constrains progress in kindergarten readiness.

Partnerships

- DHHS Early Childhood Services (ECS) partners with many public and private programs. As one example, the DHHS Community Action Agency's Head Start Program works with ECS to provide an array of comprehensive services to children, parents and child care providers that promote school readiness by enhancing children's mental health and social, emotional, intellectual, linguistic and physical development and early learning opportunities.
- Performance is strongly dependent on partnerships with MSDE (Child Care Licensing and Professional Development), MCPS, and the Montgomery County child care provider community.
- In FY08 early childhood leaders from DHHS, MCPS, and the private sector launched an "Early Care and Education Congress" to align the work of public and private agencies, parents and the business community to ensure that all Montgomery County children enter kindergarten "ready to learn." In FY09 two successful Congress events were implemented, one focusing on government and business partnerships and one focusing on English language learners.

What We Propose to Improve Performance

- Seek funding for a public engagement campaign for outreach to the diverse population with a goal of increasing awareness among parents and caregivers about school readiness, in particular skills that will assist children entering kindergarten to be assessed as "fully ready."
- Increase the availability of community based pre-kindergarten programs and professional development for child care providers aligned with MCPS Pre-Kindergarten curriculum.
- Advocate for a reduction in the State's Purchase of Care program parent co-pay so that more income-eligible families can afford quality child care.
- Analyze ethnic and racial variations in County MSDE kindergarten readiness data and assess special needs of limited English-speaking populations.
- Under the auspices of the Early Care and Education Congress, an Action Agenda was adopted with strategies listed under three main goals: 1) Everyone will understand the need to support school readiness and their role in

preparing children for school. 2) All young children will have access to high quality and culturally competent early care and education programs and health services that meet the needs of families, especially low-income families, families with children with disabilities and English language learners. 3) All professionals who work with young children will be appropriately educated in promoting and understanding a comprehensive approach for the development of the whole child, including physical, social-emotional and cognitive well-being as a basis for school readiness.

- Contingent upon State and local funding, expand publicly funded preschool education using a balanced approach, as recommended by the Montgomery County Universal Preschool Implementation Work Group appointed by the County Council.

8. Employment Related Services

Basic Facts

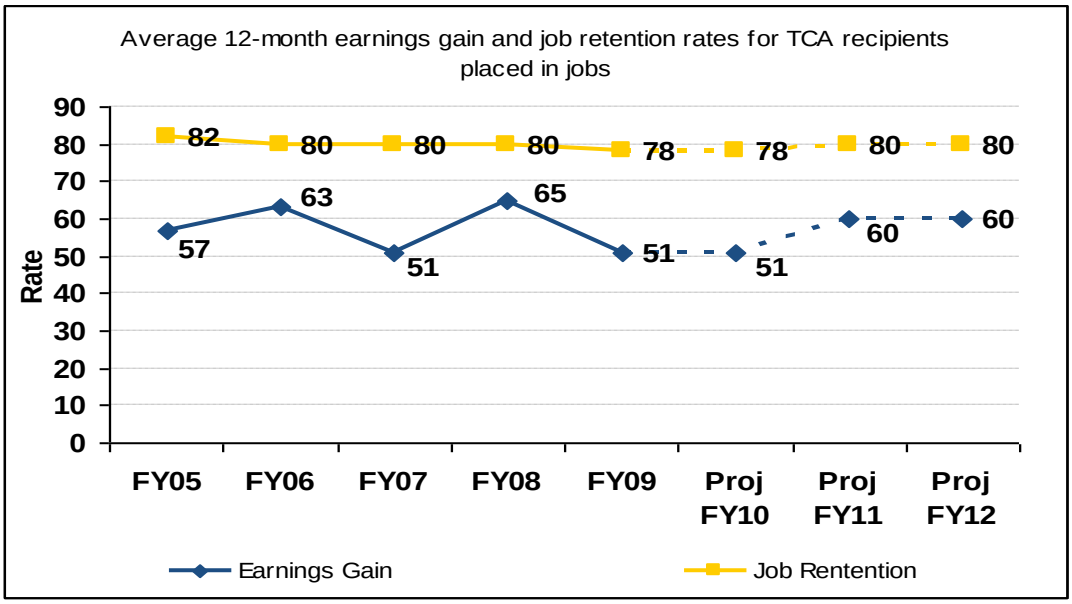
- DHHS assists County residents who meet eligibility criteria in obtaining Temporary Cash Assistance (TCA), the federal cash benefit program.
- DHHS provides TCA recipients assistance in accessing child care, transportation, housing, case management, substance abuse treatment and other medical care services, and employment counseling, training and job placements.
- Federal law requires Temporary Cash Assistance (TCA) recipients that not exempted from the work program, to participate in employment activities leading to economic self-sufficiency in order to qualify for and retain TCA. If eligible, they can receive Medicaid and food stamps and qualify for child care subsidies and transportation reimbursement while participating in employment activities.
- The State of Maryland tracks outcomes relevant to increased economic independence for TCA recipients that receive job placements, including job retention rate and earnings gain rate.
- The County, through its WORKS data management system, tracks hourly wage rate at job placement, and percentage of individuals with full-time employment that are offered health insurance benefits within one year of case closure.

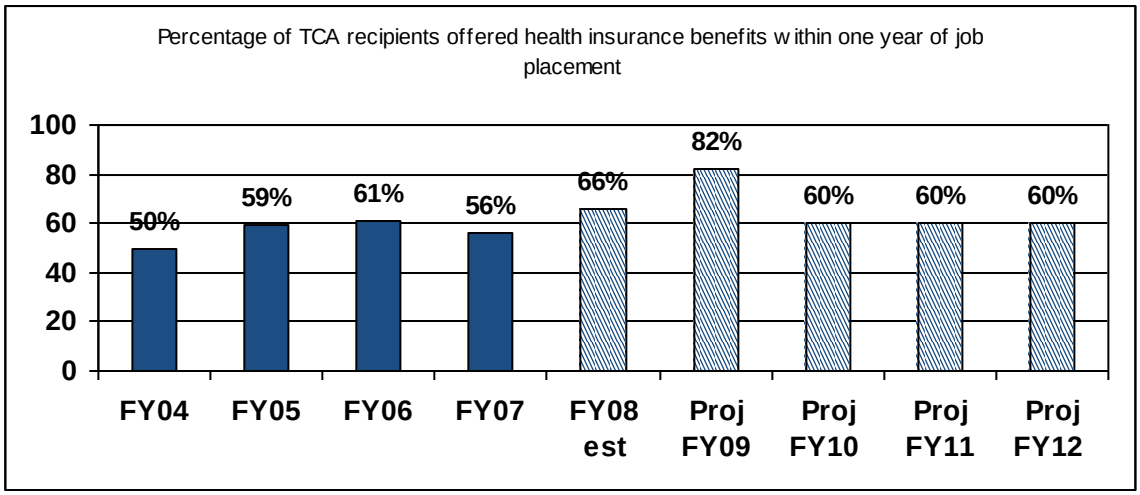
Performance

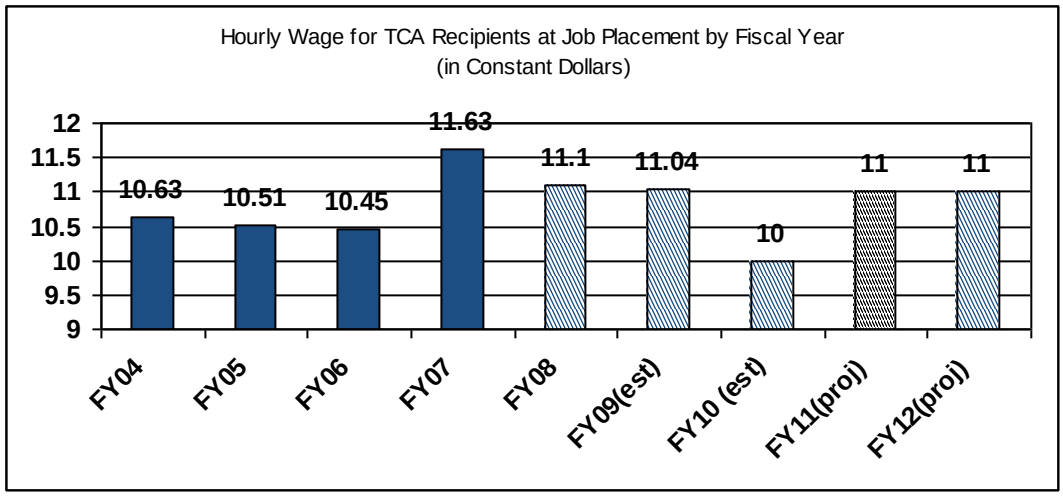
Job Retention Rate and Earnings Gain Rate for current and former TCA recipients who receive job placement

Sub-measures of greater independence:

- Average Hourly Wage for TCA recipients at job placement
- Percentage of TCA recipients offered health insurance benefits within one year of job placement.


Average 12-month earnings gain and job retention rates for TCA recipients placed in jobs
Rate
90
80
70
60
50
40
30
20
10
0
82
80
80
80
78
78
80
80
57
63
51
65
51
51
60
60
FY05
FY06
FY07
FY08
FY09
Proj FY10
Proj FY11
Proj FY12
Earnings Gain
Job Rentention


Percentage of TCA recipients offered health insurance benefits within one year of job placement
100
80
60
40
20
0
50%
59%
61%
56%
66%
82%
60%
60%
60%
FY04
FY05
FY06
FY07
FY08 est
Proj FY09
Proj FY10
Proj FY11
Proj FY12



Discussion

- The Federal Fiscal Year 20080 2nd Quarter has the most current data available for these measures, reporting the job retention rate is 80% and the earning gain rate is 68%. Montgomery County surpassed the State goals of 70% and 40% respectively for both of these measures.
- Additionally, during Fiscal Year 2009, Montgomery County's average hourly rate for TCA recipients at job placement was $11.04. The percentage of all TCA recipients that found employment and were offered health insurance within one year of employment was 49% (the rate for those employed full-time receiving health insurance was nearly 80%).
- One other significant measure leading to the success of the County's employment services performance is the work participation rate -which measures the percentage of work eligible individuals receiving Temporary Cash Assistance who are participating in countable work activities leading to self-sufficiency.
- Between FY04 and FY09 over one-half of all TCA recipients placed in full-time jobs were offered health insurance benefits within one year of employment.
- Montgomery County has consistently surpassed the State goals in job retention of 70 percent and the earning gain rate of 40 percent in recent years.
- The hourly wage rate at job placement for Montgomery County TCA recipients rose in FY09, after a slight decrease in FY08, and was the highest hourly wage average amongst all Maryland jurisdictions.

Story behind the performance

Contributing Factors

- DHHS contracts out the Employment Services program to vendors that are subject matter experts in employment support services.

- A team of DHHS staff with knowledge of Income Support programs, Welfare to Work policies and contract management oversees the daily operations of the Welfare to Work program.
- There is a strong commitment to facilitate the vendor's operation through a team approach with DHHS and vendor staff that emphasizes goal orientation, seamless processes, excellent customer service, transparency and accountability.
- Intensive case management and follow-up services provided to TCA applicants and recipients increase the likelihood that those eligible will be able to obtain and retain jobs that will enable them to become more economically independent.
- Strong partnerships with other public agencies (such as those related to economic development) and with private sector partners (such as job placement resources for internships and permanent employment), support program goals.
- The Department has 10 years of better-than-average performance on all of the State's performance measures.

Restricting Factors

- Funding for intensive long-term tracking of client outcomes was cut in the past so that only minimal follow-up of TCA clients' employment status and job earnings now occurs.
- The significant increase over the last two years (FY09 and FY08) in the number of TCA applicants (42.2% two-year increase) and the TCA caseload (24.4% two-year increase) create significant barriers to serving the most vulnerable customers and those with the most complex cases (specifically customers with potential or undiagnosed mental health issues).
- Earned Income data are not available for some time periods for current or former TCA recipients that are federal workers, affecting both the earnings gain and the job retention statistics.
- There is a significant lag in data availability from the State database for data on earnings gain and job retention rates.

Partnerships

- Performance requires strong partnerships between the Department of Business and Economic Development; the County's Welfare Innovation Board; the private business community and DHHS private sector employment training partners; the Maryland Department of Human Resources; the Maryland Department of Labor, Licensing and Regulation; and our customers.

What We Propose to Improve Performance

- Strengthen the comprehensive employment services program with continuing supports to TCA clients.
- Develop paid internships/apprenticeships for a cohort of TCA customers.
- Work with the Department of Business and Economic Development to bring jobs to the County that would employ TCA recipients at a wage level that

promotes family self-sufficiency and provides health insurance benefits within one year.

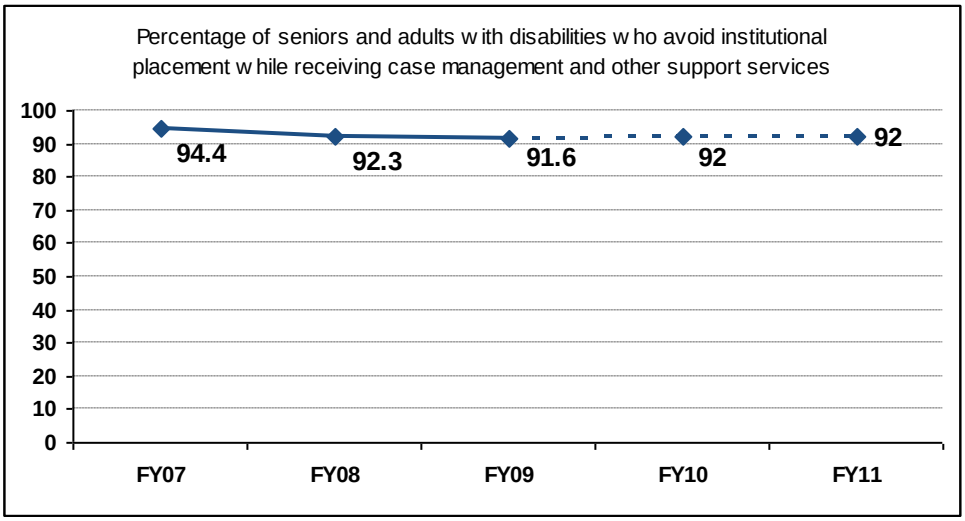
9. Maintaining Independence in the Community

Basic Facts

- DHHS provides assessment, continuing case management, and an array of services to elderly and disabled County residents, including: nursing assessment, personal care, housing subsidies, structured and supervised daytime activities, respite care, home modifications and assistive devices, and support groups for caregivers.
- One of the primary desires of senior and/or disabled populations is to remain independent in the community (i.e., 80 percent of elders express desire to remain living in their current homes for as long as possible).
- In FY2009 DHHS' Aging and Disability staff provided assessment and continuing case management services to over 1,500 unduplicated individuals.
- Services were provided by 50 work years of Masters level staff (40 Full-Time Equivalent (FTE) social work staff + 10 FTE Community Health Nurse staff)
- The DHHS Older Adult Waiver program allows for a more in-depth array of services to prevent premature institutionalization.

Performance

Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management and other support services.



Story Behind Performance

Contributing Factors

- Highly trained and knowledgeable staff provides services.
- Social support systems and services (critical factors in determining whether or not an individual will need nursing home placement or other institutional care) are available and accessible.
- An array of services are provided, including case management, nursing assessment, personal care, senior care, adult foster care, adult day care, respite care, group home subsidies, support groups for caregivers, home modifications and assistive devices.

Restricting Factors

- Budget constraints have progressively restricted service delivery to individuals at higher levels of functional impairment and risk for institutionalization. As a result, the percentage of individuals that avoid institutional placement has gradually declined as the population served has become more impaired.
- The size of elderly and disabled populations is increasing, particularly among the oldest-old (age 85+) and those with cognitive impairment.
- The disabled elder population often has multiple and complex health problems (physical and cognitive).
- The waiting list for Older Adult Waiver (federal program administered through the State) is currently 1,330 and is anticipated to grow.
- Demographic projections indicate that as the number of disabled elders continues to increase, the number of informal supports (family or friends) available will decrease. This reduction is due to declining birth rates and greater percentages of adults in the work force.

Partnerships

- Maryland Department of Aging; Maryland Department of Health and Mental Hygiene; Respite Care, Inc.; Alzheimer's Association; adult day care centers; home health care agencies.

What We Propose to Improve Performance

- Identify system factors that lead to higher vs. lower quality services through Quality Service Reviews.
- Introduce the Better Living at Home program (which provides environmental assessment by occupational therapist, with provision of assistive devices and home modifications as needed).
- Implement strategies from the Senior Agenda to improve quality of life indicators for seniors in the county.
- Better Living at Home (described above) is an emerging Best Practice that the County is evaluating with the assistance of staff from the University of Maryland.
- Customer Directed Care, available through the In-Home Aide Service program, is an Evidence-based Practice that allows customers to design their own care provision plan, and hire family or friends to provide assistance. This innovation has produced better outcomes at lower costs than traditional service delivery.

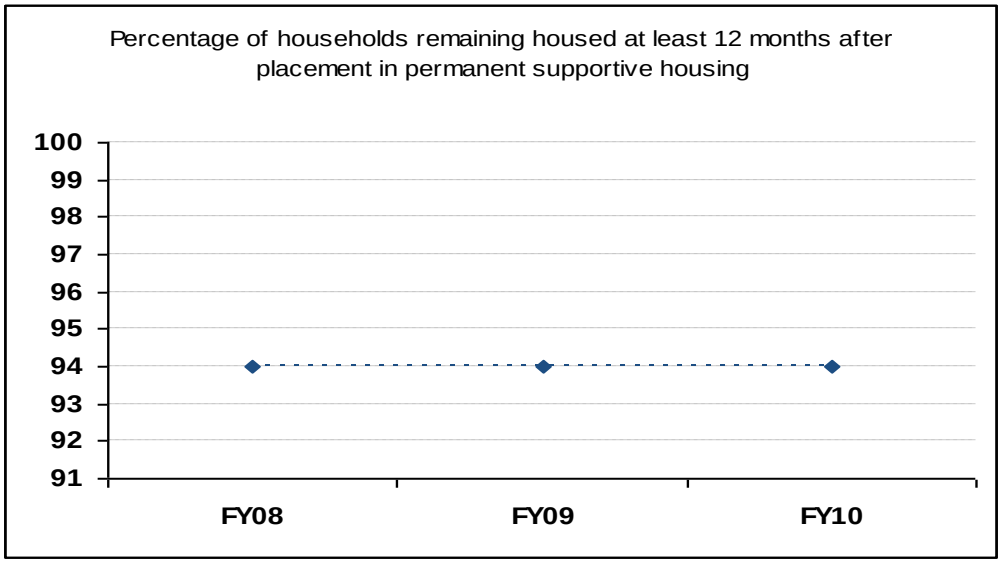
10. **Housing Services**

Basic Facts

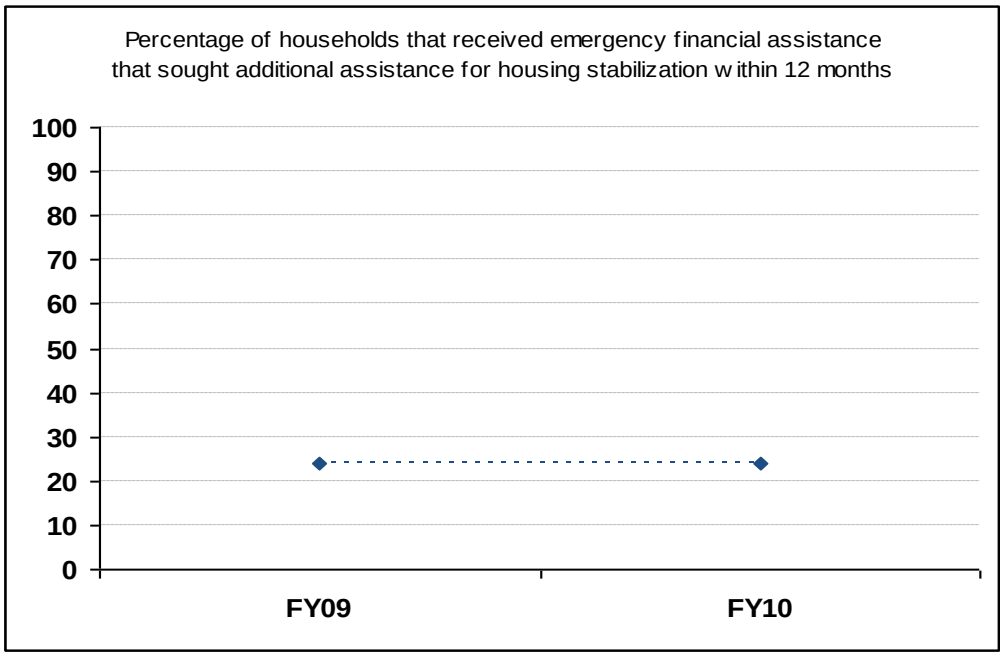
- DHHS Housing Services work to:
  - Maintain housing stability for vulnerable households.
  - Prevent homelessness and the loss of permanent housing.
  - Promote expansion of affordable housing units for special needs populations.
  - Link housing with essential supportive services for special needs populations.
- In FY09, the Housing First Initiative began its first year of implementation with a focus on (1) reducing the length of stay in homelessness and providing stable housing for those exiting from homeless programs and (2) preventing homelessness by increasing emergency assistance resources and housing supports to stabilize housing for at risk households.
- In FY10, $5.2 million of the non-revolving program appropriation to the Department of Housing and Community Affairs Housing Initiative Fund is reserved to support Housing First and provide 225 "deep" rental subsidies for homeless households. County Funds of $1 million also continue to support Partnership for Permanent Housing (PPH2), which provides an additional 55 "deep" rental subsidies to homeless households.
- In FY09, 6,995 crisis intervention grants were issued to assist households with preventing evictions, utility cutoffs and other emergency issues. $1.2 million in Recordation Taxes were targeted to help prevent evictions, and funded 1,662 of these grants. Households with a history of multiple court judgments that received assistance from Recordation Tax funds received 90 day case management. County Funds of $1.8 million and State funds of $1.1 million funded 5,333 grants.
- In FY09, the Home Energy Assistance Program issued grants to help with electricity and heating costs to 8,077 households at or below 150 percent of the Federal Poverty Level.

Performance

Percentage of households remaining housed at least 12 months after placement in permanent supportive housing.



Percentage of households that received emergency financial assistance that sought additional assistance for housing stabilization within 12 months.



Story Behind Performance

Contributing Factors

- Specialized case management, mental health and substance abuse counseling and referrals to a range of services, such as mediation, training and employment help, supports the maintenance of housing stability for vulnerable households. DHHS also supports over 20 programs in Housing Stabilization Services, Transitional Housing, and Shelter Services, including 35 contracts that offer shelter, transitional housing and other programs benefiting poor and homeless people.
- DHHS provided assistance to an average of 1,727 low-income families and disabled and elderly households, whose incomes were below 50 percent of Average Median Income, to pay rent through the County's Rental Assistance Program (RAP) in FY09.
- DHHS provided assistance to an average of 220 individuals monthly, who reside in a group home and have a mental illness, through the County's Handicapped Rental Assistance Program (HRAP) in FY09.

Restricting Factors

- The economic downturn has greatly increased the demand for eviction prevention services.
- Increasing unemployment has resulted in an increase in the number of families and individuals that are losing their housing and becoming homeless.
- The Fair Market Rent ($1,288) for a two bedroom apartment in Montgomery County is high. A household must earn $51,500 annually ($24.76 per hour) to afford this level of rent and utilities without paying more than 30 percent of income on housing.
- Additional support services and intensive case management beyond rental subsidies are required to ensure special needs populations maintain their housing.
- Immigration status, poor credit history and criminal records impact rapid exit from homelessness.

Partnerships

- Performance requires strong partnerships between DHHS, Department of Housing and Community Affairs (DHCA), homeless services coalition members and the non-profit community, Housing and Opportunities Commission (HOC), landlords and tenant associations, municipalities within the County for the development of sound County policy with key policy makers and stakeholders.

What We Propose to Improve Performance

- Collaborate with DHHS partners to fully implement the "Housing First" model to expedite the movement of homeless families and single adults into permanent housing.
- Provide case management services to support vulnerable households that seek financial assistance more than twice in a calendar year.

- Collaborate with HOC and DHCA to explore opportunities to increase the supply of affordable housing units.
- Coordinate the Housing First Plan with the Neighborhood Safety Net Initiative to bring emergency assistance to those neighborhoods most impacted by the current recession.
- Implement the Housing First Initiative's three primary goals:
  - Move families through the intake/assessment phase of the system as quickly as possible.
  - Place families into suitable housing as quickly as possible.
  - Deliver the necessary services required to keep families in housing to stabilize their situation and prevent a reoccurrence of homelessness.

DHHS Performance Plan

Appendix A
Budget Details for Proposed Strategies

All costs for strategies listed under "What We Propose to Improve Performance" for each measure will be absorbed by the Department's operating budget except as noted below.

Measure	Strategy	Budget	Page
Juvenile Justice System Screening, Assessments and Referrals	Continue partnership with the Montgomery County Collaboration Council and the State to assure future funding for the case manager position. This position works with families to increase the number of SASCA diversions that become engaged in the diversion process, and increase the retention rate in treatment among diversion program participants.	Collaboration Council budget, with funding from the State Governor's Office of Crime Control and Prevention.	15
Employment Services	Work with the Department of Business and Economic Development to bring jobs to the County that would employ TCA recipients at a wage level that promotes family self-sufficiency and provides health insurance benefits within one year.	Subsidized Employment Project (in partnership with Montgomery Works) identifying employers willing to train, mentor and hire TCA customers with a short term wage subsidy as an incentive for the employer, funded through a special grant from DHR/DLLR	34

DHHS Performance Plan

Appendix B
Implementation Timeline for Proposed Strategies

The timeline for strategies listed under "What We Propose to Improve Performance" for each measure is "ongoing" except as noted below.

Measure	Strategy	Timeline	Page
Employment Services	Work with the Department of Business and Economic Development to bring jobs to the County that would employ TCA recipients at a wage level that promotes family self-sufficiency and provides health insurance benefits within one year.	Subsidized Employment Project (in partnership with Montgomery Works) identifying employers willing to train, mentor and hire TCA customers with a short term wage subsidy as an incentive for the employer, from March 2009 to June 2010	34

Appendix C
Headline Measures under Construction and Steps for Developing Needed Data

EQUITY MEASURE

Contribution to Montgomery County Results

GREATER RESPONSIVENESS AND ACCOUNTABILITY

Background

Towards a systematic approach to promoting equity and social justice and reducing disparities and disproportionalities, the Department is developing:

- A department-wide Equity and Social Justice Strategic Plan and logic model:
  - Identifies long term problems, contributing factors, strategies, impacts/outcomes, and goals and objectives to promoting equity and social justice and reducing disparities and disproportionalities in our vulnerable populations.
  - Prioritizes activities based on resources and client/community needs.

Performance

Percentage of department trained to use the Equity and Social Justice framework.

Steps for development of Equity measure

Phase One: Development of Pilot

a) Establish, publicize an overarching Mission/Purpose/Vision
b) Engage Senior Leadership
c) Engage systems (direct report managers, Excellence, service areas, etc.)
    a. Persuasion - show the benefits of reducing disparities/promoting equitable approaches to promoting positive outcomes - to fulfillment of systems' mission.
    b. Department can provide training opportunities and material resource assistance (e.g. meeting locations/logistical support)
    c. Scan the current environment
        i. What infrastructure components already exist?
        ii. Compile list of existing programs supported by DHHS.

iii. Determine what steps can be taken to adjust existing infrastructure in the immediate term to advance the vision of promoting Equity and Social Justice.

d) Early organization:
    a. develop a steering or advisory body (kitchen cabinet of experts) that meets quarterly.
    b. Convene a working group that includes on-the-ground staff and consumers)
    c. Work closely with the Community Health Improvement Process to align efforts to include internal/external focus.
e) Get a baseline measure
    a. Identify current programs/systems/organizational measures
    b. Decide on best way to quantify, i.e. what is the unit of measurement (Service Area, program initiative, Unit)?
    c. Get feedback from kitchen cabinet and working group
    d. Develop prototype
    e. Present it to senior leadership for feedback
    f. Incorporate feedback into final draft of measure
    g. Pilot
f) Develop a final strategic framework/logic model for continued measurement and realignment toward overall, long-term goal of reducing disparities and disproportionalities and promoting equity.

Phase Two: Move toward Involvement, sustainability:

g) Build a Presence -
    a. Develop web site that includes resource center, social networking, Craig's list style sharing of resources;
    b. Name for the initiative; theme/slogan/motto; colors; etc.
    c. develop a message, "social marketing" materials
    d. Roll out the final framework to more and more programs within the organization.
    e. Host a yearly conference involving local and national experts (local experts include consumers, on-the-ground staff)

h) Grant partnering with universities, foundations, etc.
    a. Community/university partnerships
    b. Grant writing for sustainability

CONTRACT MONITORING

Contribution to Montgomery County Results

GREATER RESPONSIVENESS AND ACCOUNTABILITY

Background

DHHS has strong program based contract monitoring. As a result of several reports issued by the Office of the Inspector General (OIG) as well as a general climate relating to increased fiscal accountability and transparency, DHHS is implementing changes to our fiscal contract monitoring.

Performance

- Number of DHHS specific contract related courses conducted during FY10
- Number of vendor trainings conducted during FY10
- Percentage of DHHS monitors that have completed the County's Contract Administration course

Steps for Developing these Measures and Strategies for Improved Contract Monitoring

- Revise and distribute DHHS Monitoring Guidelines and Standards.
- Revise and distribute standardized budget and invoicing forms.
- Update Financial Operations intranet site to centralize information for contract related information, including status of contract actions and contract and fiscal related policies and procedures.

CUSTOMER SATISFACTION

Contribution to Montgomery County Results

GREATER RESPONSIVENESS AND ACCOUNTABILITY

Background

Due to the imminent transition of its Information and Referral (I&R) responsibilities to the Office of the County Executive under the MC311 initiative, DHHS is replacing its measure of "I&R callers who report satisfaction with the I&R assistance they were provided" with a broader measure of customer satisfaction among DHHS service recipients.

Performance

Percent of DHHS customers satisfied with the services they received.

It is expected that the wording of this measure will be further refined, and will include such sub-measures as whether:

- Needs were addressed
- Services were provided in a timely manner
- Recipients were treated politely and respectfully.

In order for DHHS to best improve its services, we will ask respondents to voluntarily identify their race, ethnicity, gender and age.

Steps for Development of Customer Satisfaction Measure

1. Work with Contracts Management Team to obtain ongoing results of DHHS contractors' customer satisfaction surveys. DHHS has a goal of requiring that all contracts we originate include a requirement for such a survey. A standardized survey and instructions were developed and provided in new Requests for Proposals beginning in FY09.
2. Work with DHHS Service Areas to develop a:
    a. Customer satisfaction template measure for use with recipients of services provided directly by staff; and methodologies for:
        i. Selecting potential respondents to ensure consistent random selection of participants eligible for the survey
        ii. Survey administration to enhance uniformity and to minimize response bias.

HEALTH CARE ACCESS MEASURE

Contribution to Montgomery County Results

HEALTHY AND SUSTAINABLE COMMUNITIES

Background

The Department remains interested in measuring the extent to which the uninsured have access to health care coverage and a regular source of care. Providing access to health care to all residents has many benefits: healthier, more productive residents; less absenteeism from school or work; more prevention, earlier detection and better management of diseases such as asthma, diabetes, cancer and heart disease, and better use of hospital emergency rooms for true emergencies.

County DHHS staff enroll thousands of residents into State and federally-funded health insurance programs each year and recertify eligibility annually:

- Enrollment in health insurance programs funded by the State, including Medical Assistance and similar programs, leverages County dollars (for enrollment workers) with State and federal dollars to cover health care costs.
- DHHS staff enroll uninsured residents who are not eligible for State or federally funded programs into the County Care for Kids program or refer eligible adults to the Montgomery Cares program or to the Maternity Partnership Program, to facilitate access to basic, primary health care and related prescriptions, or prenatal care.

Due to improvements in data on the uninsured, calculations for this measure have substantially changed. It will be necessary to report in a more granular format until enough years of data are available to allow roll-up.

Performance

Percentage of the uninsured that have a DHHS primary care or prenatal care visit: Vulnerable Populations, Children, Adults, and Pregnant Females.

Steps for development of Health Care Access measure

1. Change the data source for the estimated number of uninsured residents in Montgomery County from US Census Bureau periodic Small Area Health Insurance Estimates (SAHIE) to the US Census Bureau's American Communities Survey (ACS), an annual source that started measuring the health insurance status of residents by age and insurance type in 2008.

A. Identify and tabulate the following population estimates:

Number of Montgomery County residents without any type of health insurance (0-17 yrs, 18-64 yrs, 65+ yrs, and females of reproductive age)

Number of Montgomery County residents with public health insurance (0-17 yrs, 18-64 yrs, 65+ yrs, and females of reproductive age)

B. Apply uninsured denominators to the County programs Montgomery Cares, Care for Kids, and Maternity Partnership Program:

Care for Kids:
Enrollment = 3,600 (under 19 years) FY2009
Uninsured persons under 18 years = 10,371 CY2008
Percent of uninsured children with access to primary care visit via Care for Kids= 34.7%

Montgomery Cares:
Enrollment = 21,077 FY2009
Uninsured persons 18+ years = 98,872 CY2008
Percent of uninsured adults with access to primary care visit via Montgomery Cares= 22.0%

Maternity Partnership Program: Under development.
Enrollment = 2,375 females,
Number of uninsured females of reproductive age is unknown at this time.
Percent of uninsured pregnant females with access to primary prenatal care visit via Maternity Partnership Program= UNDER DEVELOPMENT.

2. Roll up three vulnerable population groups into one overall estimate: Under development.

3. Determine the best metric for capturing the County's contribution to processing the medical entitlement program applications and display alongside the access measure or in the "Story Behind the Performance" section. Possible metrics under consideration include the current medical entitlement measure:

Number of Montgomery County residents enrolled in a medical entitlement program that provides access to primary care.

Other possible metrics under consideration:

Number of completed applications processed by HHS

Number of completed applications processed by HHS that were subsequently denied by State due to incomplete application materials

DHHS Performance Plan

ADDENDUM
Overarching Goals for all County Departments
DHHS Accomplishments and/or Expected Results

1. Collaborations and Partnerships

Accomplishments

Aging and Disability Services (ADS)

- Partnered with Montgomery College and Madison House Foundation to develop The Autism Training Institute to increase understanding among paraprofessionals, educators, medical personnel, and families of the broad spectrum of autism and other severe developmental disabilities. The first training sessions were held in April 2009. Collaborations and Partnerships
- Convened a Senior Summit with 300 senior stakeholders to identify key elements of senior vital living and prioritize recommendations and action steps. Subsequently established a Senior Sub-Cabinet to implement recommendations in the areas of Housing, Transportation, Support Services, Employment, Civic Engagement, Public Safety, Health & Wellness and Communication & Outreach. Interagency efforts resulted in increased participation of seniors in senior center activities, health and wellness programs, safety information programs, and progress in acquiring, renovating or planning for additional senior living options. Collaborations and Partnership
- Teamed with Montgomery County Advanced Practice Center for Public Health Emergency Preparedness and Response staff to train and implement an expansion of "Plan to be Safe – Plan 9" campaign. Innovation/Collaborations and Partnerships

Behavioral Health and Crisis Services (BHCS)

- Provided approximately 450 crisis evaluations through the Crisis Center each school year to students referred by county schools. Outcomes show 97% of these students was diverted from utilizing hospital emergency care; families were assisted with educational and behavioral health services. Collaboration and Partnership with MCPS
- Implementing a crisis evaluation referral process similar to that operating with MCPS to include schools of higher learning. (Montgomery College and the Universities at Shady Grove). Collaboration and Partnerships
- Worked actively in the Silver Spring/Langley Park area through the Public Inebriate Initiative Team to ensure a safer and more attractive business environment; as well as reaching individuals on the streets who are sometimes experiencing life threatening emergencies.
    - Teams conducted more than 5,338 outreach interventions; successfully engaged 241 individuals in seeking treatment for their alcohol problem. Innovation/ Collaboration and Partnerships with Police, RSC and local businesses
- Critical partner in the establishment of the Family Justice Center with the Abused Persons Program (APP) being one of the principal service providers in partnership with the Office of the Sheriff and the Office of the State's Attorney in implementing the Family Justice Center (FJC). Collaborations and Partnerships/sustainable investment
    - APP has had over 600 contacts with families in the FJC's first 6 months of operation: The FJC has become the central location for victims of domestic violence to seek both criminal justice and human services.

- Established public/private partnership to transition the Montgomery County Assertive Community Treatment (ACT) Team to a private provider, People Encouraging People, Inc. (PEP). PEP passed its fidelity review in June to become a provider of evidenced based Assertive Community Treatment services. Collaborations and Partnerships /Effective and Productive Use of Resources
- Increased access to behavioral health services through collaboration of referrals among many HHS and community agencies and providers for mental health and substance abuse services. Collaborations and Partnerships
    - Collaborating agencies included MCCF, Pre -trial Services, Pre Release Center, Parole and Probation offices , Avery Road Treatment Center, Avery Road Combined Care, Journeys for Women, several outpatient addiction services programs level 1, MCPS, and over 19 county and state-wide hospitals.
- Established co-location of adult behavioral health program with clinicians from the Victims Assistance and Sexual Assault Program and from Montgomery CARES. Established a collaborative partnership with Proyecto Salud, co-located in the same building, to serve clients whose needs overlap. Provided psychiatric evaluations at Mercy clinic, an upcounty primary care clinic and at Progress place for Interfaith Works homeless clients. Collaborations and Partnerships
- Completed the third year of the Hospital Diversion Project which focused on serving uninsured consumers that presented in a psychiatric crisis in local emergency departments. Collaborations and Partnerships
    - Since inception the program, screened 2100 uninsured individuals in local Emergency Departments; diverted 26% of the individuals to community based treatment.
- Expanded the Drug Court Program, targeting non-violent offenders to receive intensive outpatient substance use and mental health treatment. Innovation /Collaborations and Partnership – integrated service delivery model
    - Count of Co-Occurring consumers increased 24.8 percent from FY08 to FY09.
    - Recidivism rates for offenders were reduced from an average of 60% to less than 10% for offenders enrolled in the program.
- Implemented the Lethality Assessment Protocol (LAP) in FY09 that is currently in use by all of the police departments, the Office of the Sheriff, and DHHS. Innovation and Collaboration and Partnership
    - This program was responsible for a 21% increase in domestic violence victim service requests.
- Provided, through the Criminal Justice Behavioral Health Programs along with the Behavioral Access to Care Program, court ordered evaluations and implementation of the treatment placements in an effective and efficient collaboration with the Justice Services Division of the Alcohol and Drug Administration, the Montgomery County Judiciary, and Local Attorneys. Collaborations and Partnerships
- Established protocol in partnership with Department of Corrections and State correctional facilities for the re-entry of clients from correctional facilities to our community. Collaborations and Partnerships
- Completed Memorandum of Agreement among State and County agencies to ensure a coordinated response to Adult Protective Services investigations. Collaborations and Partnerships to improve client outcomes
- Teamed with Montgomery County Advanced Practice Center for Public Health Emergency Preparedness and Response staff to train and implement an expansion of “Plan to be Safe – Plan 9” campaign. Innovation/Collaborations and Partnerships
- Partnered with Montgomery College and Madison House Foundation to develop The Autism Training Institute and provide training to paraprofessionals, educators, medical personnel and families to

increase understanding across the broad spectrum of autism and other severe developmental disabilities. Innovation and Collaborations and Partnerships

- Expanded the Senior Community Service Employment Program operated by the Jewish Council on Aging with ARRA funding, moving 28 low income seniors off the waiting list. JCA receives County funding for this program as well. Collaborations and Partnerships

Children, Youth and Families

- Established of the Early Care and Education Congress—broad stakeholder group focused on increasing school readiness through increased community, parent, and provider education and support. Collaboration and Partnership
- Created two Neighborhood Safety Net service centers in response to the increased needs brought on by the economic downturn in partnership with key community partners (Family Services, Catholic Charities, Impact Silver Spring, and Community Foundation). The centers provide improved access to services and increased community investment in those in need. Innovation/ Collaboration and Partnerships
- Identified the expansion of early childhood and community-based pre-k as key strategies to address the academic achievement gap in the Kennedy Cluster—Project.
- Establish additional Neighborhood Safety Net centers in partnerships with the Mary's Center, TESS, and the East County Regional Center
- Continue building strategies for better outcomes for children in the Kennedy Cluster—a collaborative project among key sectors of local government and non-profit partners (MCPD, SAO, MCPS, DHHS, DJS, Collaboration Council, MHA, and others) to address the academic achievement gap among African American students. Strategies range from staff development to increased access to resources, to multi-agency teaming to support families.
- Established the Community Based Collaboratives in Germantown, Wheaton and Long Branch to focus on increasing and coordinating services to youth. Collaborations and Partnerships

Director's Office

- Developed framework for addressing social and health indicators in land use planning in collaboration with Johns Hopkins University and initiated discussions with Maryland National Park and Planning office to consider these quality of life indicators in ongoing planning. Innovation/ Environmental Stewardship /Collaborations and Partnerships
- Augmented service integration efforts to provide services more holistically, involving the customer with service providers in a team approach to collectively and collaboratively work toward goals of self-sufficiency, safety and strength. Designed and implemented universal screening tool use in intake process to screen customers for a range of needs and connects them with appropriate referrals. Revised confidentiality protocol in consultation with County Attorney's office to facilitate sharing of case related treatment information among service team on need to know basis. Innovation/Collaboration and Partnership
- Collaborated with non-profit partners to successfully implement (two) Neighborhood Safety Net sites to include servers, printers, wireless access, and combinations of laptops and desktops to support program operations. Innovation/ Collaboration and Partnership

Office of Community Affairs

- Established program through the Latino Health Initiative in collaboration with Montgomery College and area hospitals to provide training and guidance to foreign educated nurses to assist them in obtaining

credentials and licensing to become employed as nurses in the County. Collaboration and Partnerships /Innovation

- Advanced knowledge of health concerns and health disparities in the Asian Pacific American communities through convening of two Asian American Health Conferences respectively in 2006 and 2009 that gathered nation-wide experts, providers and consumers to share knowledge, best practices and research. Collaborations and Sustainable Partnerships
- Established WIGO (When I Get Out) health education program focused on HIV/AIDS/STIs for inmates leaving the County Detention Center, in partnership with the Department of Corrections. Evidence Based Practice supported by Collaborations and Partnerships
- Partnered with PHS Emergency African American Preparedness Subcommittee to distribute Plan Nine kits and the creation of a 2010 emergency preparedness informational calendar targeted to the Black community. Collaborations and Partnerships

Public Health Services

- Led effective County response to mitigate the potential impact of a measles outbreak in FY09, followed closely by leadership and coordination to contain the H1N1 influenza outbreak. Collaborated with MCPS, County leadership and the media at the local level, and with regional, state and federal health officials. Collaboration and Partnerships /Effective and Productive Use of Resources
- Launched the Montgomery County Community Health Improvement Process (CHIP) a community and consensus-driven approach to identify and address the priority health areas for County residents. CHIP will determine health indicators, based on valid and reliable data, to be used by the department and the community to improve health status and access to needed services among our residents. Partners include five county hospitals, the Urban Institute, and many key stakeholders in the community. Collaborations and Partnerships /Effective and Productive Use of Resources
- Provide a comprehensive approach to prenatal and postpartum services through the Maternity Partnership Program for uninsured, low income women to ensure healthy birth outcomes. Clinical services are provided through Holy Cross, Washington Adventist and Shady Grove Adventist Hospitals. The program includes prenatal care, nurse case management, prenatal classes and dental services for pregnant women, and delivery payment to participating physicians. Low birth weight babies (under 2,500 grams/5.8 pounds) are at increased risk of experiencing serious health problems. More than 94 percent of newborns born to mothers enrolled in this program have a healthy birth weight, a level similar to that for non-high risk deliveries in the County and State. Sustainable Service Delivery Model that Improves Access to Care/Collaborations and Partnerships
- Linked 3,600 children to primary health care services, prescriptions and limited specialty care through the Care for Kids Program. Children up to age 19, who are uninsured, and whose families have incomes below 250 percent of the federal poverty level, are eligible. This contractual program is administered by the Primary Care Coalition, which subcontracts with non-profit providers and private pediatricians. The County's School Based Health Centers also participate in Care for Kids. Sustainable Service Delivery Model that Improves Access to Care/Collaborations and Partnerships

Special Needs Housing

- Increased the number of permanent supportive housing units through collaboration with DHCA and using the Housing Initiative Fund to provide approximately 304 deep subsidies for income eligible individuals and families. Placed 235 homeless individuals and families in permanent housing and provide deep subsidies and case management. Collaboration and Partnerships

Work in Progress or Proposed Initiatives

Aging and Disability Services

- Continue planning, development and implementation of Senior Subcabinet recommendations to promote vital living among seniors in the community. Collaboration and Partnerships Innovation/Sustainable service delivery
- Continue work of Senior Subcabinet to implement recommendations of Senior Summit in area to support vital living of senior community. Innovation/Collaborations and Partnerships

Behavioral Health and Crisis Services

- Develop crisis evaluation program similar to the one now in use at MCPS with the private schools in Montgomery County. Collaborations and Partnerships
- Initiate the Veteran's Commission and Veterans Collaborative, monthly collaborative meetings with local representatives and the State to coordinate efforts between Montgomery County and the Lt. Governor's Maryland's Commitment to Veterans. Collaborations and Partnerships
- Increase treatment capacity and add a pivotal Aftercare/Follow-Up component for Drug Court graduates in the Outpatient Addictions Services Adult Drug Court Treatment Program in conjunction with Circuit Court through 3 year, $900,000 Targeted Expansion Grant from Substance Abuse and Mental Health Services Administration which. Innovation/Collaborations and Partnerships
- Expand the Adult Drug Court from 60 to 100 treatment slots using a federal SAMHSA-CSAT expansion grant. Collaborations and Partnerships

Director's Office

- Collaborate with Department of General Services on records inventory and eventual digitalization of records. Collaborations and Partnerships

Office of Community Affairs

- Open the *Suburban Maryland Welcome Back Center* in Montgomery County to serve health professionals from all over the world currently residing in our geographic area in preparing for and obtaining required licenses to join the healthcare workforce. Innovation/Collaborations and Partnerships

2. Workforce Diversity and MFD Procurement

Accomplishments

- While the primary responsibility for recruitment and outreach lies with the Office of Human Resources, the Department continued during FY09 to use a structured process for recruitment for positions in the Management Leadership Service (MLS). This process required completion of an internal Recruitment Activity Plan for each position, including the identification of advertising sources. Advertising has included a range of diversity outreach Web sites such as Latpro, Asian Fortune and the Afro American. During FY10, this outreach will expand as part of the new MLS recruitment process.

3. Innovations

Accomplishments

Aging and Disability Services

- Expand Senior Nutrition to two additional congregate sites and provide shelf-stable meals to homebound individuals dependent on home-delivered meals using ARRA funds.
- Launched successful County Internship program of Customized Employment for Individuals with Disabilities. To date, 35 individuals with severe developmental disabilities and eight departments have participated in the program. Innovation
- Established a task force to address issues of hoarding behavior among a range of County residents. The Hoarding Task Force will develop a countywide approaches and strategies to identify, reduce, and manage hoarding behavior and to educate the public on ways to prevent serious hoarding from escalating. Innovation
- Continue work of Senior Subcabinet to implement recommendations of Senior Summit in area to support vital living of senior community. Innovation/Collaborations and Partnerships
- Teamed with Montgomery County Advanced Practice Center for Public Health Emergency Preparedness and Response staff to train and implement an expansion of "Plan to be Safe – Plan 9" campaign. Innovation/Collaborations and Partnerships

Children, Youth and Families

- Established Visitation House for children whose families are involved in the Child Welfare system. Provides a natural and safe environment for families to come together to visit and continue connections. Innovation
- Continue building strategies for better outcomes for children in the Kennedy Cluster—a collaborative project among key sectors of local government and non-profit partners (MCPD, SAO, MCPS, DHHS, DJS, Collaboration Council, MHA, and others) to address the academic achievement gap among African American students. Strategies range from staff development to increased access to resources, to multi-agency teaming to support families.
- Identified the expansion of early childhood and community-based pre-k as key strategies to address the academic achievement gap in the Kennedy Cluster—Project. Innovations and /Effective and Productive Use of Resources
- Increase treatment capacity and add a pivotal Aftercare/Follow-Up component for Drug Court graduates in the Outpatient Addictions Services Adult Drug Court Treatment Program in conjunction with Circuit Court through 3 year, $900,000 Targeted Expansion Grant from Substance Abuse and Mental Health Services Administration which. Innovation/Collaborations and Partnerships
- Created Neighborhood Safety Net Centers in two zip codes in Gaithersburg and Wheaton most impacted by economic downturn to facilitate access to DHHS services and prevent further deterioration of individual or family circumstances. Innovation
- Established Northwood Wellness Center to serve the students in the Northwood school community with somatic and mental health services, positive youth development and case-management. Innovation
- Expanded the Street Outreach Network to serve youth that are gang involved or at risk of involvement to engage them in positive activities and avoid future violent or criminal activity. Innovation

Chief Operating Officer

- Collaborated with non-profit partners to successfully implement (two) Neighborhood Safety Net sites to include servers, printers, wireless access, and combinations of laptops and desktops to support program operations. Innovation/ Collaboration and Partnership

Director's Office

- Developed framework for addressing social and health indicators in land use planning in collaboration with Johns Hopkins University and initiated discussions with Maryland National Park and Planning office

to consider these quality of life indicators in ongoing planning. Innovation/ Environmental Stewardship /Collaborations and Partnerships

- Involved County residents in community review process to evaluate DHHS programs and recommend improvements when necessary. Innovation
- Developed a clearly defined framework for a no wrong door approach to Service Integration that includes universal intake, sharing of information for treatment purposes, team based case management and a technical infrastructure that efficiently supports these goals – Innovation/Effective and Productive Use of Resources – improved client outcomes and better customer service

Office of Community Affairs

- Began work to address issues of equity including disparities in health and disproportionality in social programs. Applied for and received two grants to conduct the work (Casey Family Program Grant and Consumer Health Foundation Grant); incorporating equity issues in Community Health Improvement Process planning. Innovation /Collaboration and Partnership

Special Needs Housing

- Transforming the homeless system through Housing First Initiative to reduce dependency on temporary shelter with strong focus on rapid rehousing into permanent supportive housing. Innovation/Effective & Productive Use of Resources

<u>Work in Progress or Proposed Initiatives</u>

Aging and Disability Services

- Expand employment-related services to all seniors with special focus on hiring low-income seniors into Senior Aide Program using ARRA funds. Innovation
- Initiate QUEST Disability Hiring Program in partnership with OHR and DED to provide employment internships for individuals with physical disabilities and increase chances for permanent employment in public and private sectors. Innovation

Children, Youth and Families

- Establish additional Neighborhood Safety Net centers in partnerships with the Mary's Center, TESS, and the East County Regional Center. Innovation Promising Practice
- Continue building strategies for better outcomes for children in the Kennedy Cluster—a collaborative project among key sectors of local government and non-profit partners (MCPD, SAO, MCPS, DHHS, DJS, Collaboration Council, MHA, and others) to address the academic achievement gap among African American students. Strategies range from staff development to increased access to resources, to multi-agency teaming to support families. Innovations/Effective and Productive Use of Resources - sustainable investments – promising practice
- Establish an Upcounty Youth Opportunity Center (YOC) with acquisition of federal earmark funding. YOC will provide positive youth development, mental health, case management, employment and education support to youth in the Upcounty area. Innovation/ sustainable service delivery model
- Establish additional Neighborhood Safety Net centers in partnerships with the Mary's Center, TESS and East County Regional Center. Innovation

Chief Operating Officer

- Complete Phase 2 IT assessment, developing strategies for next phase work. Use Tech-Mod to support DHHS/IT agenda.- Innovation
- Deploy new enterprise data system functionality to support the Department's Service integration initiatives, including automation of a currently manual process of appointment scheduling for clients. Innovation

- Implement electronic support of the new confidentiality policy and approach for sharing key information elements to help staff have a better idea of the full needs and services provided to a given client. Modify the enterprise data system needs to support the capability. Innovation
- Enable client provided document imaging to share key documents used in the determination of eligibility for various programs and services for relevant staff use and to reduce the number of times a customer needs to provide the same documents to different programs in the department. Innovation
- Expand active electronic referral system to connect DHHS customers to services through scheduled appointments and referrals with service providers, improving efficiency and customer connection to services. Innovation

Director's Office

- Open the *Suburban Maryland Welcome Back Center* in Montgomery County to serve health professionals from all over the world currently residing in our geographic area in preparing for and obtaining required licenses to join the healthcare workforce. Innovation/Collaborations and Partnerships
- Expand knowledge and capabilities internally and with MNCPPC staff, in collaboration with Johns Hopkins University, around the use of social and health indicators in land use planning. Innovation supports better planning and utilization of limited resources
- Complete systematic development of a case practice model based on research and best practices that articulates the components and skills necessary to effectively implement an integrated service delivery system. Develop and provide training to build staff competencies for effective team based case management practice. Innovation
- Continue work to promote equity and social justice in service delivery to improve outcomes for individuals and families receiving services. This internal process will blend with the Community Health Improvement Process. Innovation
- Develop integrated service coordination program to identify and link veterans in the Montgomery County jail and in addictions program to needed services and supports. Innovation/ sustainable service delivery

Office of Community Affairs

- Conduct a department wide assessment of strengths and gaps related to equity, disparities and disproportionality; apply the Equity principle in a programmatic or functional area for improvement; measure and report results of improvement work done in the focused area – Innovation/ sustainable practice

Public Health Services

- Add Wellness Centers for Watkins Mill and Gaithersburg. Innovation

Special Needs Housing

- Augment homeless prevention services to provide emergency financial assistance to stabilize and prevent homelessness for approximately 210 households with incomes below 50% of AMI; provide temporary rent subsidies to rapidly re-house approximately 67 households through Federal Homeless Prevention and Rapid Rehousing (HPRP) grant. Innovation/ Productive Use of Resources
- Expand affordable housing services to include, in addition to the homeless, other special needs populations including persons with disabilities, co-occurring disorders and mental health issues, transitioning youth and persons released from institutions. Innovations

4. Effective and Productive Use of the Workforce/Resources

Accomplishments

Behavioral Health and Crisis Services

- Monitored, through System Planning and Management/Core Service Agency the quality of services to behavioral health clients served by licensed residential facilities. Effective Use of Resources/Internal Controls
  - 393 Residential rehabilitation provider inspections were conducted.
  - 76% of the RRP consumers surveyed reported being satisfied with their living situation.

Children, Youth and Families

- Identified the expansion of early childhood and community-based pre-k as key strategies to address the academic achievement gap in the Kennedy Cluster—Project. Innovations and /Effective and Productive Use of Resources

Chief Operating Officer

- Reduced the number of separate software applications used to support the Department's direct service operations from 130 to 34 current systems. Effective and Productive Use of Resources
- Completed Phase 1 IT Assessment to understand current program processes, develop a vision for change and perform a technology review of the current enterprise application. Effective and Productive Use of Resources
- Re-implemented the JD Edwards operating environment on a virtual machine configuration to harden it and provide near-real-time continuous operations with failover to ensure that the $300,000 per month in client payments continue to be made. Effective and Productive Use of Resources/Internal Controls
- Implemented daily download of state CARES information regarding clients served in Montgomery County. This extensive data load provides critical information to the Department, is much easier to extract and more useful than other extraction methods. This is a major feed to the data warehouse which HHS is currently developing. Effective and Productive Use of Workforce/Resources. Sustainable data support model

Director's Office

- Developed a clearly defined framework for a no wrong door approach to Service Integration that includes universal intake, sharing of information for treatment purposes, team based case management and a technical infrastructure that efficiently supports these goals – Innovation/Effective and Productive Use of Resources – improved client outcomes and better customer service

Public Health Services

- Launched the Montgomery County Community Health Improvement Process (CHIP) a community and consensus-driven approach to identify and address the priority health areas for County residents. CHIP will determine health indicators, based on valid and reliable data, to be used by the department and the community to improve health status and access to needed services among our residents. Partners include five county hospitals, the Urban Institute, and many key stakeholders in the community. Effective and Productive Use of Resources
- Developed and distributed the *Blueprint for Latino Health in Montgomery County, 2008-2012* to guide the actions of those interested in addressing health disparities and improving the health of the Latino community. Effective and Productive Use of Resources
- Led effective County response to mitigate the potential impact of a measles outbreak in FY09, followed closely by leadership and coordination to contain the H1N1 influenza outbreak. Collaborated with

MCPS, County leadership and the media at the local level, and with regional, state and federal health officials. Collaboration and Partnerships /Effective and Productive Use of Resources

- Addressing aggressively the high TB rate in the County through program of TB prevention, treatment, case management and education for County residents. Montgomery County has the highest rate of TB in the State of Maryland with 9.3 cases/ 100,000 population. The State's rate is 4.9 per 100,000. Effective Use of Resources to Improve Outcomes of Treatment
- Serve 2,100 County women each year in the Women's Cancer Control Program providing mammograms, breast exams, pelvic exams and pap smears through contracts with medical providers. Women with abnormal results are case managed for further diagnosis and linked with the state's program for treatment if necessary. Effective Use of Resources to Improve Outcomes

Special Needs Housing

- Transforming the homeless system through Housing First Initiative to reduce dependency on temporary shelter with strong focus on rapid rehousing into permanent supportive housing. Innovation/Effective & Productive Use of Resources
- Expanded homeless prevention efforts to help households prevent eviction and avoid homelessness by assisting with emergencies and redeploying staff to provide eviction prevention case management. Effective and productive use of resources

<u>Work in Progress or Proposed Initiatives</u>

Behavioral Health and Crisis Services

- Use recently implemented Geographic Information System mapping tool to map current BHCS facilities, programs, clinics and local hospitals with psychiatric beds to identify problem areas and assess capacity of programs for better planning of service resources. Effective and Productive Use of Resources
- Establish stronger outreach to Montgomery county Senior Citizens addressing integrated health and behavioral health services. Effective and productive use of resources/Innovation
- Develop an integrated service system targeted to divert persons from incarceration, and support successful transitions back to the community. Effective and Productive Use of Resources and improved client outcomes

Children, Youth and Families

- Continue building strategies for better outcomes for children in the Kennedy Cluster—a collaborative project among key sectors of local government and non-profit partners (MCPD, SAO, MCPS, DHHS, DJS, Collaboration Council, MHA, and others) to address the academic achievement gap among African American students. Strategies range from staff development to increased access to resources, to multi-agency teaming to support families. Innovations/Effective and Productive Use

Chief Operating Officer

- Complete negotiating changes to the Memorandum of Agreement (MOA) between the County and the State that guides the inter-governmental working relationship for the social services programs. Effective and Productive Use of Resources/ sustainable service delivery model
- Complete preparation of business systems for move to ERP and train staff on new requirements and system. Effective and Productive Use of Workforce and Resources
- Adjust internal systems for movement of Information and Referral staff to MC311. Create back end process and assign to fulfill tasks previously completed by internal Information and Referral staff that will not be completed by MC311. Train and prepare staff for new roles related to completion of MC311 process. Effective and Productive use of Workforce/Resources

- Develop data warehouse initially fed from eight (8) sources to facilitate reporting locally on client based activities and provide key data elements to link with ERP data for more comprehensive reporting. Effective and Productive Use of Resources Sustainable -measurement activities
- Implement move to MCTime with training and support for staff.

Director's Office

- Awarded $5.5 million FY10 to date from federal, State and foundation sources for DHHS and its partners to provide health and human services and continuously improve the service delivery system. Total includes $3.5 million to DHHS community partners and $2 million to DHHS directly. Effective and Productive Use of Resources and Access

Public Health Services

- Leading intense preparedness planning activities for H1N1 response for the upcoming flu season including applying for significant, if short term, federal and state grants to assist with the H1N1 immunization and response effort. Effective and Productive Use of Workforce /Resources and creative problem solving

Special Needs Housing

- Continue implementation of Housing First Initiative by converting three family shelters into Assessment Shelters, thus maximizing the number of beds available to homeless families. Effective and Productive use of resources
- Augment homeless prevention services to provide emergency financial assistance to stabilize and prevent homelessness for approximately 210 households with incomes below 50% of AMI; provide temporary rent subsidies to rapidly re-house approximately 67 households through Federal Homeless Prevention and Rapid Rehousing (HPRP) grant. Innovation/ Productive Use of Resources
- Place 69 homeless individuals and families in permanent supportive housing to fill the remaining available permanent supportive housing subsidies. Effective and Productive Use of Resources

5. Succession Planning

Accomplishments

Director's Office

- Knowledge Management
  - Developed a knowledge transfer effort utilizing a short form position description to capture tacit knowledge and specific position details and knowledge requirements for all DHHS managers and supervisors.
  - Developed a capacity and procedure to harvest and transfer tacit knowledge of key administrative positions prior to their retirement.
- Workforce Planning Demographics
  - Conducted a Department wide turnover analysis.
  - Conducted a Department wide retirement projection study.
  - Conducted a Department wide age study.
- Workforce and Succession Planning Questionnaire
  - Conducted survey of employees' views on the Department's efforts in recruitment, retention, employee development and job satisfaction.

- Specific focus groups will be conducted based on the survey results in order to obtain additional information and making recommendations regarding staff development and succession issues.

- Employee Competency and Leadership Development Program
  - Developed a proposed workforce development program targeted to enhancing staff competencies and capabilities. The program utilizes individual development plans, coaching, training and 360-degree feedback to enhance employee competencies and develop their leadership skills to facilitate continuity of services in the management of a changing workforce.

Work in Progress or Proposed Initiatives

Director's Office

- Complete and fully implement a comprehensive recruitment, outreach, retention and succession plan. Succession Planning

6. Internal Controls and Risk Management

Accomplishments

Behavioral Health and Crisis Services

- Monitored, through System Planning and Management/Core Service Agency the quality of services to behavioral health clients served by licensed residential facilities. Effective Use of Resources/Internal Controls
  - 393 Residential rehabilitation provider inspections were conducted.
  - 76% of the RRP consumers surveyed reported being satisfied with their living situation.

Chief Operating Officer

- Achieved Department-wide accreditation through the Council on Accreditation (COA) as mandated by the Maryland General Assembly. Internal Controls
- Developed and reported on performances measures in collaboration with County Stat to broadly reflect outcomes related to service provision and system performance. Increased Accountability

Director's Office

- Developed improvements to the County's non-competitive contract process to allow funding to cross fiscal years and to facilitate timely processing. Internal Controls
- Developed Strategic Plan for Improving Contract Monitoring and invoice payments; conducted training for program monitors and vendors. Internal Controls

Work in Progress or Proposed Initiatives

Chief Operating Officer

- Meet paper and printing reduction targets issues by OMB. Internal Controls
- Continue management of overtime usage in Department. Internal Controls
- Complete implementation of improved program and fiscal monitoring of the Department's contract portfolio which exceeds 500 contracts and $80M. Internal Controls

- Continue work on initiatives to re-implement or replace functionality within the JD Edwards operating environment ahead of the release of ERP Phase 1A in July 2010 to ensure operability. Risk management

7. Environmental Stewardship

Nothing to report.

8. Sustainable Initiatives

Accomplishments

Aging and Disability Services

- Convened a Senior Summit with 300 senior stakeholders to identify key elements of senior vital living and prioritize recommendations and action steps. Subsequently established a Senior Sub-Cabinet to implement recommendations in the areas of Housing, Transportation, Support Services, Employment, Civic Engagement, Public Safety, Health & Wellness and Communication & Outreach. Interagency efforts resulted in increased participation of seniors in senior center activities, health and wellness programs, safety information programs, and progress in acquiring, renovating or planning for additional senior living options. Innovation and support for a sustainable service delivery system
- Partnered with Montgomery College and Madison House Foundation to develop The Autism Training Institute and provide training to paraprofessionals, educators, medical personnel and families to increase understanding across the broad spectrum of autism and other severe developmental disabilities. Innovation and Collaborations and Partnerships
- Fulfilled 1,535 requests for service in FY09 (a 5.9% increase over FY08) through the Respite Care Program. Among those served 85% reported that respite care helped their family member with a disability remain in the community. Sustainable service delivery to improve client outcomes
- Provided services thorough Developmental Disability (DD) Supplement and supplemented by the County in FY09 to 2,631 individuals with developmental disabilities that were supplemented by the County. Services include supported employment, vocational training, day programs, individual and family support services, and residential placements. Ninety-five percent of customers were able to remain at the same or higher level of independence, and 93% reported satisfaction with services. Sustainable practice

Behavioral Health and Crisis Services

- Expanded the use of the Care Management Entity, "Maryland Choices"- wraparound mental health services for 90 children with emotional impairments and their families. Outcomes show 93% stabilized and maintained in the same or a less restrictive level of care; 86% participated in school or work or other daily activity 80% of the time. All high school seniors enrolled in the program graduated on time. Sustainable initiative
- Develop school-based behavioral health programs targeted to high need areas and at risk children and youth. Collaboration and Partnerships Sustainable investments
- Provided Safety Net Services that provided brief psychiatric services and care coordination for approximately 1,500 clients that needed immediate psychiatric medications and were discharged from psychiatric hospitals or jails. Sustainable service delivery model with improved client outcomes
- Provided over 7,500 substance abuse assessments with approximately 60% receiving a referral for treatment in the Addiction Services system. Sustainable service delivery model
- Provided over 7,000 referrals for outpatient mental health treatment services (approximately 2,000-2,200 for children services) to assist clients to decrease symptoms and increase adaptive functioning within the community. Sustainable service delivery model

Children, Youth and Families

- Provided funding for two community-based Pre-K classrooms to serve low-income children and their families with free pre-k service. Sustainable investments
- Implement the Universal Pre-K plan. Funding is contingent upon a 70% contribution from MSDE and 30% from the county. Sustainable investments with high yield

Director's Office

- Managed all legislative activities and resulting regulations related to all health and human services programs. Sustainability Effort
- Developed framework for addressing social and health indicators in land use planning in collaboration with Johns Hopkins University and initiated discussions with Maryland National Park and Planning office to consider these quality of life indicators in ongoing planning. Innovation/ Environmental Stewardship /Collaborations and Partnerships

Office of Community Affairs

- Provided 10 years of health education and health services through the African American Health program to the African American and Black communities in the county. Sustainable Initiative
- Promoted health and the prevention of Diseases that Impact Asian Americans including Cancer, hepatitis B, Diabetes, osteoporosis, tobacco control; initiated Health Education in the small Business Program. Effective and Productive Use of Resources to Improve Access
- Improved access for Asian American community to health services through Patient Navigator Program's information line to provide health care information and over the phone interpretation at service eligibility appointment. Improved Access to Care/ Sustainable Model
    - From June 2008-September 2009 had 1070 registered clients, 6,500 Total Calls, 1,200 onsite interpreting sessions, 364 telephone interpreting session, 1,400 appointments scheduled. Sixty percent of callers accessed a healthcare service in Montgomery County.
- Expanded programming through the African American Health Program to provide information and services to the French speaking Black immigrant community, including the Project Sante Pour Tous at the CASA down-county employment center. Improved access/ support a sustainable service delivery model

Public Health Services

- Working to lower the high infant mortality rate among the County's African American residents. The rolling average annual infant mortality for African Americans (13.25 per 1000 live births) between 2006 and 2008 was more than three times higher than that of Whites (4 per 1000 live births). Factors contributing to high African-American infant mortality include low birth weight, premature births and lack of early prenatal care. Public Health Services received a new state grant in 2009 to focus on this disparity. Sustainable Service Delivery
- Provide, through the Montgomery Cares Program, primary care, medications, specialty care, limited dental care and mental health services to over 21,000 uninsured adults, 18 or older, who have income under 250 percent of the federal poverty level. The capacity to serve more patients in more safety net clinic sites increased steadily in the last three years. Two new participating clinics were added in FY2009, bringing the total to 12 clinics with several having multiple sites. Sustainable Service Delivery Model that Improves Access to Care
- Provide a comprehensive approach to prenatal and postpartum services through the Maternity Partnership Program for uninsured, low income women to ensure healthy birth outcomes. Clinical services are provided through Holy Cross, Washington Adventist and Shady Grove Adventist Hospitals. The program includes prenatal care, nurse case management, prenatal classes and dental services for pregnant women, and delivery payment to participating physicians. Low birth weight babies (under 2,500 grams/5.8 pounds) are at increased risk of experiencing serious health problems. More than 94

percent of newborns born to mothers enrolled in this program have a healthy birth weight, a level similar to that for non-high risk deliveries in the County and State. Sustainable Service Delivery Model that Improves Access to Care/Collaborations and Partnerships

- Linked 3,600 children to primary health care services, prescriptions and limited specialty care through the Care for Kids Program. Children up to age 19, who are uninsured, and whose families have incomes below 250 percent of the federal poverty level, are eligible. This contractual program is administered by the Primary Care Coalition, which subcontracts with non-profit providers and private pediatricians. The County's School Based Health Centers also participate in Care for Kids. Sustainable Service Delivery Model that Improves Access to Care/Collaborations and Partnerships
- Created the Under One Roof medical clinic, funded by a grant from the Maryland Community Health Resources Commission and the Montgomery Cares Program. The primary medical care clinic is co-located with outpatient addiction and mental health services and serves as a model for a fully integrated clinic. Innovations/ Sustainable
- Educated more than 100,000 middle and high school students and students from alternative schools on the dangers of tobacco use and smoking cessation in collaboration with Montgomery County Public Schools and community partners. Sustainable Prevention Service
- Provided more than 15,000 immunizations to school children during FY08, helping to protect children's health and decrease communicable diseases in our schools and communities. Sustainable Prevention service - high return on investment

<u>Work in Progress or Proposed Initiatives</u>

Aging and Disability Services

- Continue planning, development and implementation of Senior Subcabinet recommendations to promote vital living among seniors in the community. Collaboration and Partnerships Innovation/Sustainable service delivery
- Provide addition meals through the Senior Nutrition program. The number of individuals served increased by 3.7%, and home delivered meals increased by 3.9%. In FY09, more than 55% of all individuals served in the congregate meal program were from immigrant communities. Sustainable and responsible service delivery system
- Provided protective services to seniors and vulnerable adults through Adult Protective Services that saw the number of investigations grow by 22% percent from 580 investigations in FY08 to 706 in FY09. Of the cases investigated: 63% percent involved self-neglect, 16% percent neglect by caregivers/others, 10% percent financial exploitation, and 10% percent physical abuse. Of the cases investigated, 69% percent involved persons age 65 or older. Improved outcomes for clients from a sustainable service delivery model

Behavioral Health and Crisis Services

- Develop integrated service coordination program to identify and link veterans in the Montgomery County jail and in addictions program to needed services and supports. Innovation/ sustainable service delivery

Children, Youth and Families

- Establish an Upcounty Youth Opportunity Center (YOC) with acquisition of federal earmark funding. YOC will provide positive youth development, mental health, case management, employment and education support to youth in the Upcounty area. Innovation/ sustainable service delivery model

Director's Office

- Conduct a department wide assessment of strengths and gaps related to equity, disparities and disproportionality; apply the Equity principle in a programmatic or functional area for improvement; measure and report results of improvement work done in the focused area – Innovation/ sustainable practice
- Continue to provide leadership to interagency work to create a balanced policy that builds controls related to Dances for Profits activities to ensure the safety and security of those in attendance and the communities in which the dances are held and support the interests of businesses and entrepreneurs. Sustainable policy development

Public Health Services

- Opening a satellite clinic for STD testing and treatment in the Germantown Health Center. The current STD/HIV Clinic program, located at 2000 Dennis Avenue in Silver Spring, sees approximately 1982 females annually. Services include diagnostic testing, exams and treatment of STD's and epidemiological follow up. Males are also screened and treated. Free, anonymous and confidential HIV testing is also offered. All persons tested for HIV receive pre-test and post-test counseling. Services are provided by County staff and costs of operating the STD/HIV program and clinic are covered by both general fund and Ryan White grant funds. Sustainable Service Expansion Based on Need

9. Improved Access to Care

Accomplishments

Behavioral Health and Crisis Services

- Provided outpatient mental health treatment for approximately 550 adult immigrants with very serious mental illnesses who are not eligible for or able to access the public mental health system because of language, residency or entitlements. Service Delivery Diversity -
  - 80-83% of clients have described reduction in symptoms on a checklist as a result of treatment.
- Increased options both for client choice and diversity of service providers in Level I addictions services and for services in Spanish and various treatment modalities through multiple contract awards via Open Solicitation. Service Delivery Diversity of Providers and Increased Cultural Competence

Office of Community Affairs

- Provided 10,574 community members information on health and human services and 19,804 referrals to programs and services provided in the county, through the Latino Health Initiatives' System Navigator and Interpreter Program. Provided a total of 10,868 professional medical interpretation services to Spanish-speaking individuals. Improved Access to Care
- Provided 8,205 health screening services, free of change, to uninsured and underinsured individuals through the *Ama Tu Vida* Health Festival. Assisted 448 individuals with abnormal results and without medical insurance with follow-up appointments at community clinics. Improved Access to Care

Special Needs Housing

Increased the number of households receiving County Rental Assistance by 60, and expedited assistance to households in danger of eviction to ensure that housing is maintained once current crisis is resolved.

10. Greater Accountability

Work in Progress or Proposed Initiatives

Behavioral Health and Crisis Services

- Analyze and aggregate Outcome Measure Survey results to evaluate the effectiveness of treatment and intervention practices in outpatient mental health clinics. Greater Accountability

Director's office

- Complete update to Department's performance measures for publication through County Stat. Effective and productive use of resources and evaluate effectiveness of service delivery. Greater Accountability

11. Best Practices

Accomplishments

Public Health Services

Earned designation as an Advanced Practice Center for a sixth year by National Association of County and City Health Officials to develop emergency preparedness and response tools to be shared with local health and emergency response agencies nationwide. Evidence Based Best Practices

Work in Progress or Proposed Initiatives

Children, Youth and Families

- Establish an UpCounty Youth Opportunity Center (YOC) with federal earmark funding. YOC will provide positive youth development, mental health, case management, employment and education support to youth in the Upcounty area. Emerging best practice
- Increase services to families through a Family Intervention Specialist who will work in partnership with SON and Youth Violence Prevention Coordinator. Emerging best practice